

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2019 OF THE CONDITION AND AFFAIRS OF THE

CELTIC INSURANCE COMPANY

			(Na	ime)			_
NAIC Group Code	1295 ,	1295 (Prior Period)	NAIC Compa	ny Code80799	9 Employer's	ID Number	06-0641618
Organized under the Laws	of	Illinois		, State of Domici	ile or Port of Entry		Illinois
Country of Domicile				United States			
Licensed as business type:	Life, Accident & Dental Service C		Vision Sei	Casualty [] rvice Corporation [] Federally Qualified? \	Health Maintena		rice or Indemnity []
Incorporated/Organized		05/03/1949		Commenced Busines	ss	01/20/195	0
Statutory Home Office	200 E	ast Randolph Stre) ,		go, IL, US 6060 State, Country and 2	
Main Administrative Office			2	00 East Randolph Str			
Ch	nicago, IL, US 6060	11		(Street and Nun	nber) 800-714-4	658	
	own, State, Country and 2				(Area Code) (Telepho		
Mail Address	200 East Rando	olph Street, Suite 3	600			L, US 60601	
	•	Number or P.O. Box)			(City or Town, State,	Country and Zip Co	ide)
Primary Location of Books	and Records	-			reet and Number)	3600	
Ch	nicago, IL, US 6060)1	,	(St	800-714-4	658	
(City or To	own, State, Country and 2	Zip Code)		(A	Area Code) (Telephone No	umber) (Extension)	
Internet Web Site Address				www.celtic-net.co	om		
Statutory Statement Contac	t t	Craig M. Bilbro	ey			-519-1169	
craig.i	m.bilbrey@centene	(Name) e.com			(Area Code) (Tele 314-445-0	phone Number) (Ext	tension)
	(E-Mail Address)				(Fax Numb	er)	
			OEEL	CERS			
Name		Title	OFFI	Nan	ne		Title
Anand A. Shukla	,	President		Karen E		Vice	e President
Tricia L. Dinkelmar	<u>1</u> ,	Vice President,	Тах				
			_	FFICERS			
Christopher R. Isaa		ller, Vice Presiden Treasurer	t of Finance,	John P.	Pyan	Vice	e President
Mark J. Freeman		Vice President, Ac	tuary	Keith H. W			Secretary
							•
Anand A. Shukla Karen E. Wegg		DIRE(OR TRUSTEES Christophe		Kevin	J. Counihan
Karen E. wegg							
State of	Missouri	ss					
County of	Saint Louis						
The officers of this reporting er above, all of the herein describ that this statement, together witabilities and of the condition a and have been completed in ac may differ; or, (2) that state rul knowledge and belief, respectively when required, that is an exac regulators in lieu of or in additional control of the con	ped assets were the a vith related exhibits, and affairs of the said coordance with the NA les or regulations req vely. Furthermore, the ct copy (except for fo	absolute property of to schedules and explate reporting entity as of AIC Annual Statement uire differences in re- te scope of this attest rmatting differences	the said reportinations therein for the reporting of Instructions a porting not relation by the de	ng entity, free and clear to contained, annexed or period stated above, and Accounting Practices atted to accounting practices described officers also incl	from any liens or claim referred to, is a full a d of its income and dec and <i>Procedures</i> manu- ces and procedures, a udes the related corre	ns thereon, exception true statemer ductions therefron all except to the exception to the basponding electron	ot as herein stated, and that of all the assets and m for the period ended, extent that: (1) state law lest of their information, nic filing with the NAIC,
	Objected			D last			In the
Anand A. Presid		Con		er R. Isaak resident of Finance		Karen E. W Vice Presid	
	-	2311	,		lo thio on exists of 50		
Subscribed and sworn to	before me this				ls this an original fili If no:	ng?	Yes [X] No []
1day of	March, 202	0			1. State the amend	nent number	
					 Date filed Number of pages 	attached	

Joan E. Price, Notary Public 3/21/2021

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

					-	
None of Dakton	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						+
Group subscribers:	5 570 470					5 570 470
Group subscribers: Arkansas Department of Human Services	5,570,473					5,570,473
Centers for Medicare & Medicaid Services	5,190,677					5,190,677
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2000007 Crown subscriber subtetal				ļ	1	10,761,151
0299997 Group subscriber subtotal	1,027,498	0				1,027,498
0299998 Premiums due and unpaid not individually listed	11,788,648	l	h	h	1	11,788,648
0299999 Total group	11,700,040			l	1	11,700,040
0399999 Premiums due and unpaid from Medicare entities			<u> </u>			+
0499999 Fremiums due and unpaid from Medicaid entitles	11 700 640			0	1	11 700 640
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	11,788,648	Į U	U	l 0	1 0	11,788,648

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7				
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted				
0199998 - Aggregate of amounts not individually listed above	8,933,601	5,331,647	6,738,882	15,592,020	15,592,020	21,004,129				
0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables	8,933,601	5,331,647	6,738,882	15,592,020	15,592,020	21,004,129				
0700008 - Agregata of amounts not individually listed above	10,502,228	808,083	609,808	2,457,098	14,377,217	21,004,123				
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	10,502,228	808,083	609,808	2,457,098	14,377,217	0				
0299999 - Crariii Overpayiiient Necervabres	10,502,220	000,003	009,000	2,407,090	14,377,217	0				
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	†	†		 	1					
	1	1		 	1					
	1	1			1					
0799999 Gross Health Care Receivables	19,435,828	6,139,730	7,348,690	18,049,118	29,969,237	21,004,129				
produce droop nearth ours necessarily	10,700,020	0,100,100	1,040,000	10,040,110	20,000,201	21,004,120				

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	21,113,844	51,315,415	(593)	36,596,743	21,113,251	21,113,844
Claim overpayment receivables	5 , 540 , 424			14,377,217	5,540,424	5,540,424
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	26,654,268	51,315,415	(593)	50,973,959	26,653,675	26,654,268

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)			•			
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	106,376,740	8,203,346	4,105,466	3,230,123	61,314,486	183,230,161
0499999 Subtotals	106,376,740	8,203,346	4,105,466	3,230,123	61,314,486	183,230,161
0599999 Unreported claims and other claim reserves						417,776,375
0699999 Total amounts withheld						604 000 500
0799999 Total claims unpaid						601,006,536
0899999 Accrued medical incentive pool and bonus amounts						3,162,182

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

	2	3	1			Adm	ittad
'	2	ა	4) 5	6	Adm	illea
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Centene Management Company, LLC. Envolve Dental, Inc.	5,883,015					5,883,015	
Envolve Dental, Inc.	4,714,472					4,714,472	
	· · · · ·]	<u> </u>		
				†			
				ł			
					<u> </u>		
	l						
0199999 Individually listed receivables	10,597,487	0	0	1 0	1 0	10,597,487	0
0299999 Receivables not individually listed	98,242					98,242	
	10,695,729	0		1	1	10,695,729	0
0399999 Total gross amounts receivable	10,093,729	U	Į U	1	Į U	10,093,729	U

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Centene Corporation. U Health Net Life Reinsurance Co	Utimate parent	3,100,292	3,100,292	
Health Net Life Reinsurance Co		3,419,907	3.419.907 	
NovaSys Health Inc.		3,419,907 2,740,182	2,740,182	
1		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
0400000 Individually listed any other		0.260.200	0.260.200	^
0199999 Individually listed payables		9,260,380 1,214,295	9,260,380 1,214,295	
Uzasasa Payables not individually listed		1,214,295	1,214,295	
0399999 Total gross payables		10,474,675	10,474,675	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	1,515,974	0.1	1,032,080	100.0	1,515,974	
2. Intermediaries		0.0	1,032,080	100.0	0	
3. All other providers	9,113,632	0.4	1,032,080	100.0	9,113,632	
Total capitation payments	10,629,606	0.4	3,096,239	300.0	10,629,606	<u> </u> 0
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX		
Contractual fee payments	1,709,390,441		xxx	XXX	676,627,500	1,032,762,941
Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	740,670,115	29.8	xxx	XXX		740,670,115
9. Non-contingent salaries		0.9	xxx	XXX	22,882,592	
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		<u> </u>
12. Total other payments	2,472,943,148	99.6	xxx	XXX	699,510,091	1,773,433,056
13. Total (Line 4 plus Line 12)	2,483,572,754	100 %	XXX	XXX	710,139,698	1,773,433,056

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1-1 AIXT 2-30MMAIXT OF TRANSACTIONS	· · · · · · · · · · · · · · · · · · ·			
1	2	3	4	5	6
			Average		Intermediary's Authorized Control Level RBC
			Average Monthly Capitation	Intermediary's	Authorized
NAIC Carla	Name of Internation	Comitation Daid	Oit-ti-	Intermediary's Total Adjusted Capital	Control Lavel DDC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	rotai Adjusted Capitai	Control Level RBC
	Cenpatico Behavioral Health.	(53,410)	(4,451)		
			.		
		(50, 440)			
9999999 Totals		(53,410)	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF				DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				18						1
2 First Quarter				18						1
3 Second Quarter				16						1
4. Third Quarter				15						1
5. Current Year	24			14						1
6 Current Year Member Months	309			189						12
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)				90,427						
13. Life Premiums Direct										3,14
14. Property/Casualty Premiums Written									ļ	
15. Health Premiums Earned				90,427						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	50,503			50,503						
18. Amount Incurred for Provision of Health Care Services	0									

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______14



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Alaska			DURING THE YEAR			T		AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1			1						
2 First Quarter				1						
3 Second Quarter				1						
4. Third Quarter				1						
5. Current Year	1			1						
6 Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician	0								-	
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,898			3,898						
13. Life Premiums Direct	0								ļ	
14. Property/Casualty Premiums Written									-	
15. Health Premiums Earned	3,898			3,898						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	353			353						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY

2.

								(LOCATION)	AIC Company Code	
NAIC Group Code 1295 BUSINESS IN THE STATE OF	F Arizona			DURING THE YEAR					80799	
	1	Compre (Hospital 8	hensive Medical)	4	5	6	7	8	9	10
	-	2	3							
							Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	2			1						ļ1
2 First Quarter	2			1						1
3 Second Quarter	2			1						1
4. Third Quarter	2			1						<u> </u> 1
5. Current Year	2			1						1
6 Current Year Member Months	24			12						12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,656			5 , 656						
13. Life Premiums Direct	587									587
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	6,243			5,656						587
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,429			1,429						
18. Amount Incurred for Provision of Health Care Services	0			0						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

IAIO O O . I	- A .d			DUDING THE VEAD	0040			(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	· Arkansas	Compreh		DURING THE YEAR		6	7		AIC Company Code	80799 10
	1	Comprehe (Hospital &		4	5	б	/	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	70,602	70,601								
2 First Quarter	69,964	69,963								
3 Second Quarter	69,310	69,309								
4. Third Quarter	69,279	69,278								
5. Current Year	68,706	68,705								
6 Current Year Member Months	835,728	835,716								1.
Total Member Ambulatory Encounters for Year:										
7. Physician	331 , 154	331 , 154								
8. Non-Physician	356,639	356,639								
9. Total	687,793	687,793	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	47,163	47 , 163								
11. Number of Inpatient Admissions	8,951	8,951								
12. Health Premiums Written (b)	192,307,283	192,307,283								
13. Life Premiums Direct	5,913									5,91
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	192,313,196	192,307,283								5,91
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	154,045,255	154,045,255								
18. Amount Incurred for Provision of Health Care Services	154, 197, 482	154, 197, 482								

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE O	F California			DURING THE YEAR		1	T		AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2			2						
2 First Quarter	2			2						
3 Second Quarter	2			2						
4. Third Quarter	2			2						
5. Current Year	2			2						
6 Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									_
12. Health Premiums Written (b)	13,281			13,281						
13. Life Premiums Direct	407								ļ	4
14. Property/Casualty Premiums Written									ļ	
15. Health Premiums Earned	13,688			13,281						4
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,242			1,242						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY

2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	Colorado			DURING THE YEAR		1	T.		AIC Company Code	80799
	1	Compre (Hospital &	hensive R. Medical)	4	5	6	7	8	9	10
	 	2	3	1						
			-				_ Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year				ļ1 ļ						
2 First Quarter				1						
3 Second Quarter				ļ1 ļ						
4. Third Quarter				ļ1						
5. Current Year	1			1						
6 Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,578			4,578						
13. Life Premiums Direct	398									398
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,976			4,578						398
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	271			271						
18. Amount Incurred for Provision of Health Care Services	0			0						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY

2.

			<u> </u>	<u> </u>		<u>. </u>	<u> </u>	(LOCATION)		
IAIC Group Code 1295 BUSINESS IN THE STATE OF	Connecticut			DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital 8	hensive Medical)	4	5	6	7	8	9	10
		2	3	-						
		_	-				_ Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	45			41						4
2 First Quarter	45			41						
3 Second Quarter	43			39						4
4. Third Quarter	41			37						4
5. Current Year	36			32						4
6 Current Year Member Months	495			447						48
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	132,826			132,826						
13. Life Premiums Direct	1,854									1,854
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned				132,826						1,854
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	95,277			95,277						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______32



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY

2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF				DURING THE YEAR		1			AIC Company Code	80799
	1	Compre (Hospital a		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				3						
2 First Quarter				3						
3 Second Quarter				3						
4. Third Quarter				3						
5. Current Year	5			3						
6 Current Year Member Months	60			36						2
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	19,027			19,027						
13. Life Premiums Direct	924									9
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	19,951			19,027						9:
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,355			6,355						
18. Amount Incurred for Provision of Health Care Services	0									

⁽a) For health business: number of persons insured under PPO managed care products _______0 and number of persons insured under indemnity only products ______3



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	District of Columbia			DURING THE YEAR	2019			N <i>A</i>	80799	
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter										
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
otal Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									<u> </u>
9. Total	0	0	0	0	0	0	0	0	0	
Hospital Patient Days Incurred	0									<u> </u>
Number of Inpatient Admissions	0									
2. Health Premiums Written (b)										ļ
3. Life Premiums Direct										ļ
Property/Casualty Premiums Written				ļ						<u> </u>
5. Health Premiums Earned	0									
6. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									Í

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products .	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE C	OF Florida			DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
		2	3							
							Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	359,095	358,005		1,083						
2 First Quarter	518,023	516,975		1,041						
3 Second Quarter	493,654	492,645		1,002						
4. Third Quarter	483,732	482,751		974						
5. Current Year	470,759	469,806		946						
6 Current Year Member Months	5,950,647	5,938,674		11,889						8-
Total Member Ambulatory Encounters for Year:										
7. Physician	2,126,280	2,126,280								
8. Non-Physician	1,625,429	1,625,429								
9. Total	3,751,709	3,751,709	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	145,440	145,440								
11. Number of Inpatient Admissions	28,122	28,122								
12. Health Premiums Written (b)	1,408,136,762	1,404,401,593		3,735,169						
13. Life Premiums Direct	2,276									2,27
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,408,139,038	1,404,401,593		3,735,169						2,27
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,128,583,666	1, 125, 542, 143		3,041,522						
18. Amount Incurred for Provision of Health Care Services	1,126,667,586	1,126,667,586		0						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY

2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	- Georgia			DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				72						
2 First Quarter	70			70						
3 Second Quarter	66			66						
4. Third Quarter	62			62						(
5. Current Year	58			58						
6 Current Year Member Months	768			768						(
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	233,934			233,934						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0							ļ		
15. Health Premiums Earned	233,934			233,934						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	166 , 418			166,418						
18. Amount Incurred for Provision of Health Care Services	0			0						

⁽a) For health business: number of persons insured under PPO managed care products _______0 and number of persons insured under indemnity only products _______58



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

CELTIC INSURANCE COMPANY **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	F Hawaii			DURING THE YEAR				NAIC Company Code		80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter										
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written							<u> </u>			
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products .	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____
2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Idaho			DURING THE YEAR	2019				IC Company Code	80799
	1	Compre (Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 3 Individual Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	C	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0		ļ							
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products	(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. Burr Ridge, IL

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF				DURING THE YEAR 2					AIC Company Code	80799
	1	Comprel (Hospital &		4	5	6	7	8	9	10
		2	3							
		_	-				Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	21,769	21,747		6						16
2 First Quarter	27 , 224	27 , 202		6						16
3 Second Quarter	25,383	25,361		6						16
4. Third Quarter	24,103	24,081		6						16
5. Current Year	23,170	23,156		6						8
6 Current Year Member Months	306,130	305,890		72						168
Total Member Ambulatory Encounters for Year:										
7. Physician	71,763	71,763								
8. Non-Physician	74,954	74,954								
9. Total	146,717	146,717	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	6,075	6,075								
11. Number of Inpatient Admissions	960	960								
12. Health Premiums Written (b)	49 ,587 ,697	49,555,921		31,776						
13. Life Premiums Direct	5,296									5 , 296
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	49,592,993	49 , 555 , 921		31,776				ļ		5 , 296
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	39,909,040	39,902,844		6 , 196					ļ	
18. Amount Incurred for Provision of Health Care Services	39,942,276	39,942,276		0						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Indiana			DURING THE YEAR			Tr.		AIC Company Code	80799
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
		2	3							
							Federal Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	58,398	58,333		61						ļ
2 First Quarter	83,251	83 , 187		60						
3 Second Quarter	81,235	81 , 173		58						
4. Third Quarter	78,593	78,537		52						
5. Current Year	75,536	75,482		50						
6 Current Year Member Months	966,639	965,931		660						
Total Member Ambulatory Encounters for Year:										
7. Physician	313,742	313,742								
8. Non-Physician	349,911	349,911								
9. Total	663,654	663,654	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	28,555	28,555								
11. Number of Inpatient Admissions	5,325	5,325								
12. Health Premiums Written (b)	235 , 176 , 704	234,918,938		257,766						
13. Life Premiums Direct	2,219									2,2
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	235 , 178 , 923	234,918,938		257 , 766						2,2
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	188,372,957	188 , 247 , 489		122,441						3,0
18. Amount Incurred for Provision of Health Care Services	188,433,514	188,433,514		0						1



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

CELTIC INSURANCE COMPANY **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF IOW				DURING THE YEAR		T			AIC Company Code	80799
	1	Compre (Hospital a	hensive & Medical)	4	5	6	7	8	9	10
		2	3	1						
							Federal Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	15			14						1
2 First Quarter	15			14						
3 Second Quarter	15			14						ļ1
4. Third Quarter	13			12						ļ1
5. Current Year	11			10						1
6 Current Year Member Months	162			150						12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	52,517			52,517						
13. Life Premiums Direct	151									15
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	52,668			52,517						15
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	32,293			32,293						
18. Amount Incurred for Provision of Health Care Services	0			0						

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products _____10



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF				DURING THE YEAR		1			AIC Company Code	80799
	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 3 Individual Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year				5						
2 First Quarter	5			5						
3 Second Quarter				5						
4. Third Quarter	4			4						
5. Current Year	4			4						
6 Current Year Member Months	54			54						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	17,594			17,594						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.	17,594			17,594						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services				17,493						
18. Amount Incurred for Provision of Health Care Services	0									

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE O	F Kentucky			DURING THE YEAR					IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1									
2 First Quarter	1									
3 Second Quarter	1									
4. Third Quarter	1									
5. Current Year	1									
6 Current Year Member Months	12									1
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	1,220									1 , 22
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,220									1,2
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health husiness: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
(a) For fically business. Humber of persons insured under FF of managed care products	and number of persons insured under indentity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......\$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Louisiana			DURING THE YEAR	2019				AIC Company Code	80799
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 3 Individual Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year				2						
2 First Quarter				2						
3 Second Quarter				2						
4. Third Quarter				2						
5. Current Year	1			1						
6 Current Year Member Months	21			21						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)				8,332						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	8,332			8,332						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,130			1,130						
18. Amount Incurred for Provision of Health Care Services	0			0						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	F Maine			DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2									
2 First Quarter	2									
3 Second Quarter	2									
4. Third Quarter	2									
5. Current Year	2									
6 Current Year Member Months	24									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	1,698									
14. Property/Casualty Premiums Written	0			ļ	ļ	ļ		ļ		
15. Health Premiums Earned	1,698									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products .	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......\$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. Maryland

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Maryland			DURING THE YEAR	2019				AIC Company Code	80799
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				6						
2 First Quarter	8			6						
3 Second Quarter				6						
4. Third Quarter				6						
5. Current Year	8			6						
6 Current Year Member Months	96			72						:
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	23,994			23,994						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	23,994			23,994						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	21,042			21,042					ļ	
18. Amount Incurred for Provision of Health Care Services	0									



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

				DURING THE YEA				(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Massachusetts			N/	80799					
	1		ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2 First Quarter	10									
3 Second Quarter	10									
4. Third Quarter	10									
5. Current Year	9									
6 Current Year Member Months	117									1
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	((0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										ļ
13. Life Premiums Direct	2,938									2,9
14. Property/Casualty Premiums Written	0							ļ		
15. Health Premiums Earned	2,938									2,9
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	10 , 150									10 , 15
18. Amount Incurred for Provision of Health Care Services	0									1

(a) Far bankb business a substant frances incomed under DDO managed and and are	and a contract of a second contract contract, and contract contracts
(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

			<u> </u>			<u>. </u>	<u> </u>	(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	F Michigan			DURING THE YEAR					IC Company Code	80799
	1	Compre (Hospital 8	hensive Medical)	4	5	6	7	8	9	10
		2	3	-						
		_	_				Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	3			2						
2 First Quarter	2			1						1
3 Second Quarter	2			1						1
4. Third Quarter	2			1						1
5. Current Year	2			1						1
6 Current Year Member Months	24			12						12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,605			5,605						
13. Life Premiums Direct	461									461
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	6,066			5,605						461
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	43,176			43 , 176						
18. Amount Incurred for Provision of Health Care Services	0									



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

CELTIC INSURANCE COMPANY **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	F Minnesota			DURING THE YEAR		T	T		AIC Company Code	80799
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7	7								
2 First Quarter		7								
3 Second Quarter		7								
4. Third Quarter		7								
5. Current Year	7	7								
6 Current Year Member Months	84	84								
Total Member Ambulatory Encounters for Year:										
7. Physician	308	308							-	
8. Non-Physician	304	304								
9. Total	612	612	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	20	20								
11. Number of Inpatient Admissions	1	1								
12. Health Premiums Written (b)	10,562	10,562							-	ļ
13. Life Premiums Direct									-	
14. Property/Casualty Premiums Written								ļ	ļ	ļ
15. Health Premiums Earned	10,562	10,562								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

CELTIC INSURANCE COMPANY **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE O	F Mississippi			DURING THE YEAR		T			AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	15			15						
2 First Quarter	17			17						
3 Second Quarter	16			16						
4. Third Quarter	14			14						
5. Current Year	12			12						
6 Current Year Member Months	177			177						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	72,337			72,337						
13. Life Premiums Direct	0								ļ	
14. Property/Casualty Premiums Written	0								ļ	
15. Health Premiums Earned				72,337						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	75,236			75,236						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products	0 and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

				DURING THE YEAR 2				(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Missouri				AIC Company Code	80799				
	1	Comprehensive 4 5 6 (Hospital & Medical)			6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	54,934	54,922		12						
2 First Quarter	89,098	89,086		12						
3 Second Quarter	84,321	84,309		12						
4. Third Quarter	81,072	81,061		11						
5. Current Year	78,378	78,367		11						
6 Current Year Member Months	1,013,704	1,013,566		138						
Total Member Ambulatory Encounters for Year:										
7. Physician	20,711	20,711								
8. Non-Physician	19,799	19,799								
9. Total	40,510	40,510	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	34,967	34,967								
11. Number of Inpatient Admissions	6,574	6,574								
12. Health Premiums Written (b)	321,751,082	321 , 704 , 047		47,035						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	321,751,082	321 , 704 , 047		47,035						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	257 ,697 ,385	257 , 657 , 239		40 , 146						
18. Amount Incurred for Provision of Health Care Services	257,911,854	257,911,854								1



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

CELTIC INSURANCE COMPANY **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF N	Montana			DURING THE YEAR	2019				IC Company Code	80799
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									ļ
Total Member Ambulatory Encounters for Year:										
7. Physician	0									ļ
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0								ļ	
14. Property/Casualty Premiums Written	ļ0 ļ.									
15. Health Premiums Earned	ļ0 ļ.									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products	(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$...



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY

2.

								(LOCATION)		
IAIC Group Code 1295 BUSINESS IN THE STATE OF				DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital a		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				16						
2 First Quarter				17						
3 Second Quarter				16						
4. Third Quarter				13						
5. Current Year	11			10						
6 Current Year Member Months	180			168						1
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)				78,095						
13. Life Premiums Direct										1,00
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned				78,095						1,00
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	51,905			51,905						
18. Amount Incurred for Provision of Health Care Services	0			0						

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______10



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE O	F Nevada			DURING THE YEAR			T.		AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2			2						
2 First Quarter	2			2						
3 Second Quarter	2			2						
4. Third Quarter	2			2						
5. Current Year	2			2						
6 Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	7,363			7 ,363						
13. Life Premiums Direct	0								-	
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	7 ,363			7 ,363						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,952			4,952						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ___

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	New Hampshire			DURING THE YEAR			Г		AIC Company Code	80799
	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	20,574	20,574								
2 First Quarter	10,805	10,805								
3 Second Quarter	10,731	10,731								
4. Third Quarter	10,606	10,606								
5. Current Year	10,297	10,297								
6 Current Year Member Months	128,476	128,476								
Total Member Ambulatory Encounters for Year:										
7. Physician	37,477	37 , 477								
8. Non-Physician	59,026	59,026								
9. Total	96,503	96,503	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	2,919	2,919								
11. Number of Inpatient Admissions	600	600								
12. Health Premiums Written (b)	31,323,330	31,323,330								
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	31,323,330	31,323,330								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	26,017,780	26,017,780								
18. Amount Incurred for Provision of Health Care Services	26,043,490	26,043,490								

(a) For health business: number of persons insured under PPO managed care products	
--	--

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	New Jersey			DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital 8	hensive Medical)	4	5	6	7	8	9	10
		2 (HUSPILAI 6	3							
		-	· ·				Federal			
						5	Employees	>0.411	vav	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:					- ,	,				
1. Prior Year	178			178						
2 First Quarter				171						
3 Second Quarter				167						
4. Third Quarter	163			163						
5. Current Year	157			157						
6 Current Year Member Months	1,974			1,974						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									_
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	560,693			560,693						
13. Life Premiums Direct	1 ,415									1 , 415
14. Property/Casualty Premiums Written										
15. Health Premiums Earned				560,693						1 , 415
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	515,146			515,146						
18. Amount Incurred for Provision of Health Care Services	0									

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	New Mexico			DURING THE YEAR			T.		AIC Company Code	80799
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				13						
2 First Quarter	19			14						
3 Second Quarter				12						
4. Third Quarter				12						
5. Current Year	15			11						
6 Current Year Member Months	204			147						Ę
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	50,615			50,615						
13. Life Premiums Direct	6,630									6,6
14. Property/Casualty Premiums Written	0						ļ			
15. Health Premiums Earned	57,245			50,615						6,6
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	21,406			21,406						
18. Amount Incurred for Provision of Health Care Services	0									1

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ___

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	New York			DURING THE YEAR	2019			NA NA	AIC Company Code	80799
	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2 First Quarter										
3 Second Quarter						-				
4. Third Quarter										
5. Current Year	1									
6 Current Year Member Months	12									
otal Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
Hospital Patient Days Incurred	0									
Number of Inpatient Admissions	0									
2. Health Premiums Written (b)										
3. Life Premiums Direct	0									ļ
4. Property/Casualty Premiums Written										ļ
5. Health Premiums Earned										
6. Property/Casualty Premiums Earned	0									
7. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
(-)	

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	North Carolina			DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16			8						
2 First Quarter	16			8				-	-	
3 Second Quarter	16			8						
4. Third Quarter	16			8						
5. Current Year	16			8						3
6 Current Year Member Months	192			96						96
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	37,806			37,806						
13. Life Premiums Direct	5,646									5,640
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	43,452			37,806						5 , 640
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	11,861			11,861						
18. Amount Incurred for Provision of Health Care Services	0									

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products ______8



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	North Dakota			DURING THE YEAR		1			AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2			2						
2 First Quarter	2			2						
3 Second Quarter	2			2						
4. Third Quarter	2			2						
5. Current Year	2			2						
6 Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,940			6,940					-	
13. Life Premiums Direct	0								-	
14. Property/Casualty Premiums Written	0							ļ	ļ	
15. Health Premiums Earned	6,940			6,940						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,477			1,477					ļ	
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		80799	
AIC Group Code 1295 BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR 2019							NAIC Company Code		
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year				16							
2 First Quarter	20			15							
3 Second Quarter				14							
4. Third Quarter	18			13							
5. Current Year	18			13							
6 Current Year Member Months	225			165						(
Total Member Ambulatory Encounters for Year:											
7. Physician								-			
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	63,815			63,815							
13. Life Premiums Direct	1 ,989								ļ		
14. Property/Casualty Premiums Written											
15. Health Premiums Earned				63,815						1,9	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	21,770			21,770							
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY

2.

							<u> </u>	(LOCATION)	AIC Company Code	
IAIC Group Code 1295 BUSINESS IN THE STATE OF	Oklahoma			DURING THE YEAR					80799	
	1	Compre (Hospital 8	hensive Modical)	4	5	6	7	8	9	10
		2 (HOSPILAI C	3	-						
		_					Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	2			1						1
2 First Quarter	2			1						
3 Second Quarter	2			1						,,
4. Third Quarter				1						
5. Current Year	2			1						1
6 Current Year Member Months	24			12						12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,405			4,405						
13. Life Premiums Direct	144									14
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,549			4,405						144
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,398			2,398						
18. Amount Incurred for Provision of Health Care Services	0									

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

				DURING THE YEAR				(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Oregon			NA.	80799					
	1	Compre (Hospital &	hensive & Medical)	4	5	6 Dental Only	Federal Employees Health Benefit Plan	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only			Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0			-						
3 Second Quarter	0									
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	87	87								
13. Life Premiums Direct	0									ļ
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned		87								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products .	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......\$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY

2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	Pennsylvania			DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital 8	hensive Medical)	4	5	6	7	8	9	10
		2	3							
		_	-				Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	16			16						
2 First Quarter	15			15						
3 Second Quarter	14			14						
4. Third Quarter	14			14						
5. Current Year	14			14						
6 Current Year Member Months	171			171						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	67,263			67 , 263						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned				67,263						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services				37,037						
18. Amount Incurred for Provision of Health Care Services	0									

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

				DURING THE YEAR				(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Rhode Island				AIC Company Code	80799				
	1	Compre (Hospital a	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	Medicare V	Vision Only	Dental Only			Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year				1						
2 First Quarter				1						
3 Second Quarter				1						
4. Third Quarter				1						
5. Current Year	0									
6 Current Year Member Months	9			9						
otal Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)				5,592						
13. Life Premiums Direct								ļ		
14. Property/Casualty Premiums Written										
15. Health Premiums Earned				5,592						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services				3,500						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	South Carolina			DURING THE YEAR		1	T		AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	12			12						
2 First Quarter	11			11						
3 Second Quarter				11						
4. Third Quarter				10						
5. Current Year	10			10						
6 Current Year Member Months	126			126						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	50,659			50,659						
13. Life Premiums Direct								ļ		
14. Property/Casualty Premiums Written								ļ	ļ	
15. Health Premiums Earned				50,659						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	49,314			49,314						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

CELTIC INSURANCE COMPANY REPORT FOR: 1. CORPORATION

		•		-			-	(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	South Dakota			DURING THE YEAR			T	NA NA	80799	
	1	Compre (Hospital 8	hensive R Medical)	4	5	6	7	8	9	10
		2	3	1						
			-				_ Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	9			8						1
2 First Quarter				7						
3 Second Quarter				7						
4. Third Quarter				6						1
5. Current Year	7			6						1
6 Current Year Member Months	90			78						12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	45,225			45,225						
13. Life Premiums Direct	308									308
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	45,533			45,225						308
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	31,984			31,984						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products	(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Tennessee			DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
		2	3							
							Federal Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	10			3						
2 First Quarter	6,922	6,912		3						
3 Second Quarter	6,119	6,109		3						
4. Third Quarter	5,772	5,762		3						
5. Current Year	5,518	5,510		3						
6 Current Year Member Months	75,497	75,383		36						
Total Member Ambulatory Encounters for Year:										
7. Physician	3,265	3,265								
8. Non-Physician	2,630	2,630								
9. Total	5,896	5,896	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	2,769	2,769								
11. Number of Inpatient Admissions	479	479								
12. Health Premiums Written (b)	21,551,474	21,536,749		14,725						
13. Life Premiums Direct										3,8
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	21,555,370	21 , 536 , 749		14,725						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	17 , 258 , 768	17,249,082		9,686						
18. Amount Incurred for Provision of Health Care Services	17,266,127	17,266,127		0						

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

							(LOCATION)		
exas						_			80799
1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	2	3							
			Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
165,305	165,261		35						
331,451	331,407		35						
315,411	315,370		32						
306,190	306 , 150		31						
299,229	299,194		30						
3,805,084	3,804,604		384						9
1 ,266 ,548	1,266,548								
1,006,756	1,006,756								
2,273,304	2,273,304	0	0	0	0	0	0	0	
103,863	103,863								
18,987	18,987								
836 , 462 , 657	836,287,116		175,541						
5,299									5,29
0									
836 , 467 , 956	836,287,116		175,541						5,29
0									
670,305,529	670 , 156 , 589		148,940						
670,818,833	670,818,833								
		1 Compre (Hospital 8 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Comprehensive (Hospital & Medical) 2 3 Total Individual Group	1 Comprehensive (Hospital & Medicar) 4 2 3 Medicare Supplement 165,305 .165,261 .35 .331,451 .331,407 .35 .315,411 .315,370 .32 .306,190 .306,150 .31 .299,229 .299,194 .30 3,805,084 3,804,604 .384 .1,266,548 .1,266,548 .34 .1,266,756 .1,006,756 .2,273,304 0 0 .103,863 .103,863 .00 0 0 .836,462,657 .836,287,116 .175,541 .5,299 .0 .836,287,116 .175,541 .175,541	1 Comprehensive (Hospital & Medical) 4 5 Total Individual Group Medicare Supplement Vision Only .165,305 .165,261 .35 .35 .331,451 .331,407 .35 .315,411 .315,370 .32 .306,190 .306,150 .31 .299,229 .299,194 .30 .384 .3805,084 .3,804,604 .384 .384 .384 .384 .384 .384 .384 .384 .384 .384 .386,665 .386,384 .386,384 .386,384 .386,384 .386,384 .386,384 .386,384 .386,384 .386,384 .386,384 .386,384 .386,384 .386,384 .386,384 .386,384 .386,386	1 Comprehensive (Hospital & Medical) 4 5 6 2 3 Medicare Supplement Vision Only Dental Only Total Individual Group Medicare Supplement Vision Only Dental Only .165,305 .165,261 .35 .35	1 Comprehensive (Hospital & Medical) 2 3 Medicare Supplement Vision Dental Employees Health Benefit Plan 165,305 165,261 35 31,451 331,407 35 35 315,411 315,370 32 36,190 306,190 306,150 31 31 299,229 299,194 30 30 33,805,084 3,804,604 384 31,266,548 1,266,548 1,006,756 1,0	No. No.	Name

(a) For health business: number of persons insured under PPO managed care products _______30 and number of persons insured under indemnity only products ______30

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY

2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	Utah			DURING THE YEAR				NA.	80799	
	1	Compre (Hospital 8	hensive Medical	4	5	6	7	8	9	10
		2 (HOSPILAI C	3							
		_	, and the second				Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year				2						
2 First Quarter				2						
3 Second Quarter				2						
4. Third Quarter				2						
5. Current Year	2			2						
6 Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	9,878			9,878						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	9,878			9,878						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	25,933			25,933						
18. Amount Incurred for Provision of Health Care Services	0			0						

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE C	OF Vermont			DURING THE YEAR		T	T.		AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7			7						
2 First Quarter	7			7						
3 Second Quarter	7			7						
4. Third Quarter	6			6						
5. Current Year	6			6						
6 Current Year Member Months	78			78						
Total Member Ambulatory Encounters for Year:										
7. Physician	0								-	
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	18,383			18,383					-	
13. Life Premiums Direct	0								-	
14. Property/Casualty Premiums Written	0								ļ	
15. Health Premiums Earned	18,383			18,383						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	10,520			10,520					ļ	
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care products	ersons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY

2.

						•		(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE O	F Virginia			DURING THE YEAR		1		N/	80799	
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	32			22						1
2 First Quarter	32			22						1
3 Second Quarter	32			22						1
4. Third Quarter	32			22						1
5. Current Year	30			21						,
6 Current Year Member Months	378			261						11
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	74,062			74,062						
13. Life Premiums Direct	6,613									6,61
14. Property/Casualty Premiums Written	0							ļ	ļ	
15. Health Premiums Earned	80,675			74,062						6,61
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	66,807			66,807						
18. Amount Incurred for Provision of Health Care Services	0			0						

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	F Washington			DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	_
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0			-						
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0			-						
17. Amount Paid for Provision of Health Care Services	0			-						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products	(a) Fc	or health business: number of	persons insured under PPC	O managed care products	and number	of persons insured und	ler indemnity only products	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

CELTIC INSURANCE COMPANY REPORT FOR: 1. CORPORATION

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	West Virginia			DURING THE YEAR	2019				AIC Company Code	80799
	1	Compre (Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4			4						
2 First Quarter				4						
3 Second Quarter	4			4						
4. Third Quarter	4			4						
5. Current Year	3			3						
6 Current Year Member Months	45			45						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	12,666			12,666						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned				12,666						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,582			3,582						
18. Amount Incurred for Provision of Health Care Services	0			0						

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Wisconsin			DURING THE YEAR	2019				IC Company Code	80799
	1	Compre (Hospital a	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2 First Quarter										
3 Second Quarter										
4. Third Quarter										
5. Current Year	3									
6 Current Year Member Months	27									:
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										ļ
13. Life Premiums Direct	2,043									2,0
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										2,0
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products .	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......\$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE O	= Wyoming			DURING THE YEAR					AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	10			1						
2 First Quarter	10			1						
3 Second Quarter	10			1		-				
4. Third Quarter	10			1						
5. Current Year	6			1						
6 Current Year Member Months	108			12						ę
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,017			5,017						
13. Life Premiums Direct	2,899								ļ	2,89
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	7,916			5,017						2,8
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	419			419						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	(a) For health business: number of persons insured under PPO managed care product	sand number of persons insured under indemnity only products
--	---	--

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

NAIC Group Code 1295 BUSINESS IN THE STATE C	NE Connelidated			DURING THE YEAR	2010			(LOCATION)	AIC Company Code	80799
NAIC Group Code 1290 BUSINESS IN THE STATE C	1		hensive	4	5	6	7	8	9	10
		(Hospital a	& Medical) 3				Federal Employees			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	751,263	749,450	0	1,692	0	0	0	0	0	121
2 First Quarter	1, 137, 303	1, 135, 543	0	1,639	0	0	0	0	0	121
3 Second Quarter	1,086,712	1,085,014	0	1,577	0	0	0	0	0	121
4. Third Quarter	1,059,871	1,058,232	0	1,518	0	0	0	0	0	121
5. Current Year	1,032,083	1,030,523	0	1,459	0	0	0	0	0	101
6 Current Year Member Months	13,088,295	13,068,324	0	18,579	0	0	0	0	0	1,392
Total Member Ambulatory Encounters for Year:										
7. Physician	4,171,249	4,171,249	0	0	0	0	0	0	0	0
8. Non-Physician	3,495,449	3,495,449	0	0	0	0	0	0	0	C
9. Total	7,666,697	7,666,697	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	371,771	371,771	0	0	0	0	0	0	0	C
11. Number of Inpatient Admissions	69,999	69,999	0	0	0	0	0	0	0	C
12. Health Premiums Written (b)	3,098,090,121	3,092,045,626	0	6,044,495	0	0	0	0	0	
13. Life Premiums Direct	67,378	0	0	0	0	0	0	0	0	67,378
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	3,098,157,499	3,092,045,626	0	6,044,495	0	0	0	0	0	67 ,378
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	2,483,572,755	2,478,818,421	0	4,741,157	0	0	0	0	0	13 , 177
18. Amount Incurred for Provision of Health Care Services	2,481,281,162	2,481,281,162	0	0	0	0	0	0	0	0

⁽a) For health business: number of persons insured under PPO managed care products $\frac{1,007,359}{1,007,359}$ and number of persons insured under indemnity only products $\frac{1,459}{1,007,359}$

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
					Type Of	Type Of			Reserve Liability			
NAIC								l	Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Reinsurance	Business	l <u> </u>	Unearned	Unearned Premiums	Payable on Paid and Unpaid Losses	Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
Non-Affiliat	es - U.S. Non-ATI	TITIATES	ALLIANZ LIFE INS CO OF N AMER	T MAI	OT11/1	OII.	1		10,562	58 , 186		
90011	41-13000/5	12/U1/2005	ALLIANZ LIFE INS CO OF N AMER.	MN	OTH/I	OH	0	^	10,562		0	
1000000	Total Non-Affilia	ates - U.S. Non-Al ates - Total Non-A	Affiliates				0		10,562		0	· ·
1100000	Total II 9 (Sum o	of 0399999 and 089	00000\				0	0	10,562	58,186	0	0
1199999 -	Total U.S. (Suiii C	00000000 and 000	33333)				U	U	10,302	30,100	U	-
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9999999	lotals						0	0	10,562	58,186	0	0

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Yea

Name	1) 286,879,7 1) 286,879,7 1) 286,879,7 2 3,874,9 2 3,874,9 1 290,754,6 2 3,874,9 3,874,9
NAIC Company ID	Losses 1)
NAIC Company Code	Losses 1)
Code Number Date Company Jurisdiction Losses Accident and Health - Affiliates - Non-U.S Other 00000	Losses 1)
Accident and Health - Affiliates - Non-U.S Other 00000. A-377476. 01/01/2018. HEALTH NET LIFE REINS CO. CYM. (9,734,5) 1699999 - Accident and Health - Affiliates - Non-U.S Other (9,734,5) 1799999 - Accident and Health - Affiliates - Non-U.S Total (9,734,5) 1889999 - Accident and Health - Affiliates - Total Affiliates (9,734,5) Accident and Health - Non-Affiliates - U.S. Non-Affiliates (9,734,5) 11835.	1)286,879,7 1) 286,879,7 1) 286,879,7 1) 286,879,7 23,874,5 2 3,874,5 2 3,874,5 1 290,754,6 2 3,874,5 1 290,754,6
00000. AA-3774176. 01/01/2018. HEALTH NET LIFE REINS CO. CYM. (9,734,\$ 1699999 - Accident and Health - Affiliates - Non-U.S Other (9,734,\$ 1799999 - Accident and Health - Affiliates - Non-U.S Total (9,734,\$ 1889999 - Accident and Health - Affiliates - Total Affiliates (9,734,\$ Accident and Health - Non-Affiliates - U.S. Non-Affiliates	1) 286,879,7 1) 286,879,7 1) 286,879,7 2 3,874,9 2 3,874,9 1 290,754,6 2 3,874,9 3,874,9
1699999 - Accident and Health - Affiliates - Non-U.S Other (9,734,5 1799999 - Accident and Health - Affiliates - Non-U.S Total (9,734,5 1899999 - Accident and Health - Affiliates - Total Affiliates (9,734,5 Accident and Health - Non-Affiliates - U.S. Non-Affiliates - Non-Affiliates 1835	1) 286,879,7 1) 286,879,7 1) 286,879,7 2 3,874,9 2 3,874,9 1 290,754,6 2 3,874,9 3,874,9
1799999 - Accident and Health - Affiliates - Non-U.S Total (9,734,\$ 1899999 - Accident and Health - Affiliates - Total Affiliates (9,734,\$ Accident and Health - Non-Affiliates - U.S. Non-Affiliates - 19,433,\$ 11835	286,879,7 286,879,7 286,879,7 23,874,9 23,874,9 23,874,9 23,874,9 23,874,9 33,87
Accident and Health - Non-Affiliates - U.S. Non-Affiliates 11835	23,874,9 2 3,874,9 2 3,874,9 1 290,754,6 2 3,874,9
11835	2 3,874,9 2 3,874,9 1 290,754,6 2 3,874,9
1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates 19,433,8 2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates 19,433,8 2299999 - Accident and Health - Total Accident and Health 9,698,6 2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) 19,433,8	2 3,874,9 2 3,874,9 1 290,754,6 2 3,874,9
2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates 19,433,4 2299999 - Accident and Health - Total Accident and Health 9,698,6 2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) 19,433,4	2 3,874,9 1 290,754,6 2 3,874,9
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) 19,433,5	2 3,874,9
298999 - Total Tot-U.S. (San of Usessee). 199999 and 299999) (9,7,94.)	
	200,073,1
9999999 Totals—Life, Annuity and Accident and Health 9,698,	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

			Rei	insurance Ceded A	Accident and Healt	h Insurance Liste	d by Reinsuring Com	ipany as of Decemb	per 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding :	Surplus Relief	13	14
NAIC		-	Name	_	Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for		·-	Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
	count - Authorized			ounoulou.	00000	00000		(Louinatou)	0		1 1.0. 1 00.	11000.10	011401 0011104141100
00000			HEALTH NET LIFE REINS CO.	CYM	OTH/ I	CMM	3.087,755,199		290,041,903				
			ffiliates - Non-U.S Other			Omm_	3,087,755,199	38,548,624	290,041,903	0	0	0	0
			ffiliates - Non-U.S Total				3.087.755.199	38,548,624	290.041.903	0	0	0	0
			ffiliates - Total Authorized Affiliates				3,087,755,199	38,548,624	290.041.903	0	0	-	0
			s - Non-U.S. Non-Affiliates				0,000,000,000	00,0.0,0=				· · · · · · · · · · · · · · · · · · ·	
11835	04-1590940	01/01/2018	PARTNERRE AMER INS CO.	DE	SSL / I	CMM	19,238,418						
86258	13-2572994	01/01/1996	GENERAL RE LIFE CORP	CT	0TH/ I	CMM	6,044,495	.588,866	1,160,656				
	General Account		on-Affiliates - Non-U.S. Non-Affiliates				25,282,913	588,866	1,160,656	0	0	0	0
			on-Affiliates - Total Authorized Non-Affiliates				25,282,913	588,866	1,160,656	0	0	0	0
1199999 -	General Account	- Authorized - T	otal General Account Authorized				3,113,038,112	39,137,490	291,202,559	0	0	0	0
3499999 -	General Account	- Total General	Account Authorized, Unauthorized and Certified				3,113,038,112	39,137,490	291,202,559	0	0	0	0
7099999	· Total Non-U.S.	(Sum of 0699999,	0999999, 1799999, 2099999, 2899999, 3199999, 409	9999, 4399999, 51999	99, 5499999, 6299999	and 6599999)	3,113,038,112	39,137,490	291,202,559	0	0	0	0
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9999999	Totals						3,113,038,112	39,137,490	291,202,559	0	0	0	0

SCHEDULE S - PART 4

					Reinsuranc	e Ceded To Unaut	horized Companies	S						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
					Paid				Issuing or					
					and				Confirming		Funds Deposited			Sum of Cols
NAIC				Reserve	Unpaid Losses			Letters	Bank		by and		Miccollangous	9+11+12+13+14
Company	ID	Effective		Credit	Recoverable	Other	Total	of	Reference	Trust	Withheld from		Balances	but not in
Code			Name of Reinsurer	Taken	(Debit)	Debits	(Cols. 5+6+7)	Credit	Number (a)	Agreements	Reinsurers	Other	(Credit)	Excess of Col. 8
Code	Numb	ter Date		Taken	(Debit)	Debits	(COIS. 5+6+7)	Credit	i Number (a)	Agreements	Remsurers	Other	(Credit)	Excess of Col. 6
General Acc	Juill - Lii	re and Annuity	Affiliates - Non-U.S Other	200 500 507	^	COO 000 000 I	0.40 400 450	ı		1	_			^
00000	AA -3//4	1700170172018	HEALTH NET LIFE REINS CO	328,590,527	0		949,490,456						^	D
0599999 -	General A	Account - Life a	nd Annuity - Affiliates - Non-U.S Other	328,590,527	0	620,899,929	949,490,456	0		0	0	0	0	0
0699999 -	General A	Account - Life a	nd Annuity – Affiliates – Non–U.S. – Total	328,590,527	0	620,899,929	949,490,456	0		0		0	0	0
			nd Annuity - Affiliates - Total Affiliates	328,590,527	0		949,490,456	0		0		0	0	
			nd Annuity – Total Life and Annuity	328,590,527	0	020,000,020	949,490,456	0		0		0	0	Ū
			General Account	328,590,527	0		949,490,456	0		0		0	0	0
3699999 -	Total Nor	n-U.S. (Sum of C	699999, 0999999, 1799999, 20999999, 2999999 and 3299999)	328,590,527	0	620,899,929	949,490,456	0	XXX	0	0	0	0	0
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9999999	otals			328,590,527	0	620,899,929	949,490,456	0	XXX	0	0	0	0	0

Issuing or				1
Confirming				
Bank	Letters of	American Bankers		
Reference	Credit	Association (ABA)		Letters of Credit
a) Number	Code	Routing Number	Issuing or Confirming Bank Name	Amount
				1
***************************************	-			

SCHEDULE S - PART 5

Percent Collateral NAIC NAIC Company ID Effective Domiciliary Rating for Reserve Company ID Effective Domiciliary Rating for Reserve Reserve Reserve Reserve Reserve Reserve Reserve Company ID Effective Domiciliary Rating for Reserve Reserve Reserve Reserve Reserve Reserve Reserve Reserve Reserve Reserve Reserve Reserve Company ID Effective Reserve	25	24	23				Collateral				15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
Percent Collateral Natic Nation Provided for Power of Collateral Nation Provided for Collateral Nation Provided for Collateral Nation Provided for Collateral Nation Provided for Collateral Nation Provided for Collateral Nation Provided for Collateral Nation Provided for Collateral Nation Provided for Collateral Nation Provided for Collateral Nation Provided Subject to Col			ļ	22	21	20	19	18	17	16															
NONE	it don Amount of R Credit tion Allowed for to Net Obligation 83 / Subject to oot to Collateral ed (Col. 14 x	Net	Collateral Provided for Net Obligation Subject to Collateral (Col. 22 /	Total Collateral Provided (Col. 16 +17 + 19 +20 +	Other	Deposited by and Withheld from		Confirming Bank Reference	of	Beneficiary	Amount of Collateral Required for Full Credit (Col. 14 x	Obligation Subject to Collateral	Miscellaneous Balances	Recoverable / Reserve Credit Taken (Col. 9 +		Unpaid Losses Recoverable	Credit	Collateral Required for Full Credit (0% -	Date of Certified Reinsurer	Reinsurer Rating(1	Domiciliary Jurisdiction	Name of Reinsurer			Company
NONE																									
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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	,	Omitted)	_		
	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	3,113,038	2,428,053	22,113	21,593	13,778
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	163	195	198	219	257
Total hospital and medical expenses	0	0	30	25,137	11,864
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	825	13
7. Claims payable	(1,937)	(3,025)	(4,289)	(4,191)	(2,052)
Reinsurance recoverable on paid losses	9,699	9 ,558	14,510	19,893	8 , 449
9. Experience rating refunds due or unpaid	248,300	50,691	1,810	9,348	937
10. Commissions and reinsurance expense allowances due.	0	0	0	0	0
11. Unauthorized reinsurance offset	1,575	1,502	1,598	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	2,103,125,768	0	2, 103, 125, 768
2.	Accident and health premiums due and unpaid (Line 15)	37,451,069	27 , 937 , 460	65,388,530
3.	Amounts recoverable from reinsurers (Line 16.1)	9,698,641	(9,698,641)	0
4.	Net credit for ceded reinsurance	xxx	23,308,492	23,308,492
5.	All other admitted assets (Balance)	107,213,655	65,899,710	173,113,365
6.	Total assets (Line 28)	2,257,489,134	107,447,021	2,364,936,155
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	310,251,915	290 , 754 , 621	601,006,536
8.	Accrued medical incentive pool and bonus payments (Line 2)	3,162,182	3,162,182	6,324,365
9.	Premiums received in advance (Line 8)	41,104,579	38,548,624	79,653,203
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	1,575,305	0	1,575,305
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)		0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14.	All other liabilities (Balance)	1,492,016,608	(225,018,406)	1,266,998,202
15.	Total liabilities (Line 24)	1,848,110,589	107 , 447 , 021	1,955,557,610
16.	Total capital and surplus (Line 33)	409,378,544	XXX	409,378,544
17.	Total liabilities, capital and surplus (Line 34)	2,257,489,133	107,447,021	2,364,936,155
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	290 , 754 , 621		
19.	Accrued medical incentive pool	3,162,182		
20.	Premiums received in advance	38,548,624		
21.	Reinsurance recoverable on paid losses	9,698,641		
22.	Other ceded reinsurance recoverables	(65,899,710)		
23.	Total ceded reinsurance recoverables	276,264,358		
24.	Premiums receivable	27 ,937 ,460		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	225,018,406		
30.	Total ceded reinsurance payables/offsets	252,955,866		
31.	Total net credit for ceded reinsurance	23,308,492		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

Allocated By States and Territories Direct Business Only												
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6					
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals					
1. Alabama	AL											
2. Alaska												
3. Arizona												
4. Arkansas	AR											
5. California												
6. Colorado	co											
7. Connecticut	CT											
8. Delaware	DE											
9. District of Columbia	DC											
10. Florida	FL											
11. Georgia	GA											
12. Hawaii	HI											
13. Idaho	ID											
14. Illinois												
15. Indiana												
16. lowa	JA											
17. Kansas	KS											
18. Kentucky	li di											
19. Louisiana												
20. Maine			<u> </u>									
21. Maryland												
22. Massachusetts												
23. Michigan												
24. Minnesota												
25. Mississippi	MS											
26. Missouri	MO											
27. Montana	ТМ											
28. Nebraska	NE											
29. Nevada	NV											
30. New Hampshire	NH											
31. New Jersey	NJ											
32. New Mexico												
33. New York												
34. North Carolina												
35. North Dakota												
36. Ohio	OH											
37. Oklahoma	l'											
						202						
38. Oregon	OR					293						
39. Pennsylvania												
40. Rhode Island												
11. South Carolina												
42. South Dakota												
43. Tennessee												
44. Texas	TX		ļ			ļ						
15. Utah	T											
46. Vermont	VT											
47. Virginia	VA											
18. Washington	WA											
19. West Virginia	wv											
50. Wisconsin												
51. Wyoming				L								
52. American Samoa												
53. Guam				1								
54. Puerto Rico												
55. US Virgin Islands												
56. Northern Mariana Islands				1								
57. Canada												
58. Aggregate Other Alien	TO											
59. Totals		0	1 0	0	1 0	293	1					

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
						New York Stock				Shareholders/Board of	Shareholders/Boa	Ŭ	Shareholders/Board	` ´	
01295	Centene Corporation	00000	42-1406317		0001071739	Exchange	Centene Corporation	DE	UDP	Directors	rd of Directors	100.0	of Directors	N	0
	· ·						Bankers Reserve Life Insurance						Centene		
01295	Centene Corporation	71013	39-0993433				Company of Wisconsin	WI	IA	Centene Corporation	Ownership	100.0	Corporation	. N	0
										Bankers Reserve Life					
							Health Plan Real Estate			Insurance Company of			Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Wisconsin	Ownership	17.0	Corporation	. Y	0
04005		10015	00 0474500				B 1 04 4 11 144 B1					400 0	Centene		
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	IA	Centene Corporation	Ownership	100.0	Corporation	N	
01205	Contone Corneration	00000	46-2860967				Health Plan Real Estate	MO	NIA	Deach State Health Dien Inc	Ownership	21.0	Centene	V	0
01295	Centene Corporation	00000	40-2000907	-			Holding, Inc	JWIU	N I A	Peach State Health Plan, Inc	Ownership	Z1.U	Corporation Centene		
01295	Centene Corporation	15713	46-4829006				lowa Total Care, Inc	IIA	IA	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Certene corporation	137 13	40-4029000	-			Buckeye Community Health Plan,		I A	Centene corporation	Owner Sirrp	100.0	Centene		
01295	Centene Corporation	11834	32-0045282				Inc	OH	I A	Centene Corporation	Ownership.	100.0	Corporation	N	0
01200	Contone corporation		02 00-0202				Health Plan Real Estate	1		Buckeye Community Health	ожног эттр	1	Centene		
01295	Centene Corporation.	00000	46-2860967				Holding, Inc.	MO	NIA	Plan. Inc	Ownership.	13.0	Corporation	γ	0
0.200							1				0		Centene		
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	IA	Centene Corporation	Ownership	100.0	Corporation	N	0
							Health Plan Real Estate			·			Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Absolute Total Care, Inc	Ownership	1.0	Corporation	Υ	0
	· ·						Coordinated Care Corporation				· ·		Centene		
01295	Centene Corporation	95831	39-1821211				d/b/a Managed Health Services	IN	IA	Centene Corporation	Ownership	100.0	Corporation	. N	0
							Health Plan Real Estate			Coordinated Care Corporation			Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	d/b/a Managed Health Services	Ownership	15.0	Corporation	. Y	0
			10 5500010				Healthy Washington Holdings,						Centene		
01295	Centene Corporation	00000	46 - 5523218				Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion	. N	0
04205	Contana Communica	45050	46-2578279				Coordinated Care of Washington,	WA	IA	Healthy Washington Holdings,	O	100.0	Centene	N.	0
01295	Centene Corporation	15352	40-25/82/9				Inc Managed Health Services	WA	I A	Inc	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	96822	39 - 1678579				Insurance Corp	WI	IA	Centene Corporation	Ownership	100.0	Corporation	N	0
01233	Centene corporation	30022	33-10/03/3				Health Plan Real Estate			Managed Health Services	Owner sirrp	100.0	Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Insurance Corp	Ownership.	2.0	Corporation	V	0
01200	Contone corporation		40 2000001				Thorating, inc.			111301 01100 001 p	о и пот эттр		Centene	'	
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	A7	IA	Centene Corporation	Ownership	100 0	Corporation	l N	0
0.200			00 00 100 11								0 0 p		Centene		
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	TX	IA	Centene Corporation	Ownership	100.0	Corporation	.lN	0
İ	'						Health Plan Real Estate			'	İ '		Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.0	Corporation	Υ	0
													Centene		
01295	Centene Corporation	00000	27 - 09 16 29 4	.			Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	. N	0
							Louisiana Healthcare			Healthy Louisiana Holdings			Centene		
01295	Centene Corporation	13970	27 - 1287287	-			Connections, Inc	LA	I A	LLC.	Ownership	100.0	Corporation	. N	0
0.4005		10000	00 0570040						ļ ,.				Centene]	
01295	Centene Corporation	13923	20-8570212	-			Magnolia Health Plan Inc	MS		Centene Corporation	Ownership	100.0	Corporation	. N	0
04205	Conton Connection	14050	07 0400450				III in Consultanth Disa	l ,,	1.4	Contana Consentina	O	100.0	Centene		_
01295	Centene Corporation	14053	27 - 2186150	.[IlliniCare Health Plan, Inc	IL	IA	Centene Corporation	Ownership	1	Corporation	.[N]	0

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

									T		,				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s		*
	·						Health Plan Real Estate						Centene		
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	MO	NIA	IlliniCare Health Plan, Inc	Ownership	5.0	Corporation	Y	0
													Centene		
01295	Centene Corporation	00000	26-0557093	-			Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
04005	0	40440	00 0007577				Overskies Oderte Heeldb Diese Lee	F.	1.4	0	0	400.0	Centene		0
01295	Centene Corporation	13148	20-8937577	-			Sunshine State Health Plan, Inc.	FL		Sunshine Health Holding LLC	Ownership	100.0	Corporation	N	
01295	Centene Corporation	14100	45-1294925				Kentucky Spirit Health Plan,	KY	I A	Centene Corporation	Ownership	100.0	Centene Corporation	l N	0
01293	l centene corporation	. 14100	43-1234323	-			. 1110	N1	I A	Certene corporation	Owner Sirry	100.0	Centene	^J \	
01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holding, Inc	MO	NIA	Centene Corporation	Ownership.	95.0	Corporation	N	0
0.200	30. po. at 10.						linearthy inrecease recently me			Contono conportation	0		Centene		
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc	MO	I A	Healthy Missouri Holding, Inc.	Ownership	100.0	Corporation	N	0
	·						Health Plan Real Estate				· ·		Centene		
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	MO	NIA	Home State Health Plan, Inc	Ownership	5.0	Corporation	Y	0
<u>.</u>							Sunflower State Health Plan,						Centene		
01295	Centene Corporation	14345	45-3276702				Inc	KS	IA	Centene Corporation	Ownership	100.0	Corporation	N	0
04005	0	44000	45 4700400				Occasida Otrata Haralda Blass Inc.		1.4	0	0	400.0	Centene		0
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc California Health and Wellness	NH	I A	Centene Corporation	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	46-0907261				Plan	CA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	l N	0
01233	l	. 00000	40-0307201					on	N 1 /	Centene Corporation	Owner Sirrp	100.0	Centene		
01295	Centene Corporation	10769	30-0312489				Michigan Complete Health, Inc	MI	IA	Centene Corporation	Ownership	100 0	Corporation	l N	0
0.200	00. po. at 10		00 00 12 100				Western Sky Community Care,				0 0 p		Centene		
01295	Centene Corporation	16351	45-5583511				Inc.	NM	IA	Centene Corporation	Ownership	100.0	Corporation	N	0
													Centene		
01295	Centene Corporation	. 00000	26 - 1849394				Tennessee Total Care, Inc	TN	NIA	Centene Corporation	Ownership	100 . 0	Corporation	N	0
		10110	00 4704400									400.0	Centene		
01295	Centene Corporation	16143	20-4761189				SilverSummit Healthplan, Inc	NV	I A	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	22-3292245				University Health Plans, Inc	NJ	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	l N	0
01295	l	. 00000	22-3292243	-			Torriversity hearth Frans, inc		N I A	Certene corporation	Ownersiiip	100.0	Centene	JN	
01295	Centene Corporation	00000	20-0483299				Agate Resources, Inc.	OR	NIA	Centene Corporation	Ownership.	100 0	Corporation	l N	0
0.200	30. po. at 10.		20 0 100200				Trillium Community Health Plan,			Contono conportation	0		Centene		
01295	Centene Corporation	12559	42-1694349				Inc	OR	IA	Agate Resources, Inc.	Ownership	100.0	Corporation	N	0
	·										·		Centene		
01295	Centene Corporation	15902	47 - 5123293				Nebraska Total Care, Inc	NE	I A	Centene Corporation	Ownership	100.0	Corporation	N	0
		10011	17 50 100 10				Pennsylvania Health & Wellness,	l <u>.</u> .				400.0	Centene		
01295	Centene Corporation	16041	47 - 5340613				Inc.	PA	I A	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	15912	47 - 5664832				Superior HealthPlan Community Solutions. Inc.	TX	IA	Centene Corporation	Ownership.	100.0	Centene Corporation	l N	0
01295	Centene Corporation	. 10912	47 - 3004032				Sunshine Health Community	¹ ^	I A	Centene Corporation	ownership	100.0	Centene		
01295	Centene Corporation	15927	47 - 5667095				Solutions. Inc	FL	IA	Centene Corporation	Ownership	100.0		N	ا ۱
01200		10021	TI 0001000				Buckeye Health Plan Community		I //	Outtone outporation	O #1101 3111 P		Centene	JN	
01295	Centene Corporation	16112	47 - 5664342				Solutions, Inc.	OH	I A	Centene Corporation	Ownership	100.0	Corporation	N	0
	,						Arkansas Health & Wellness				1		Centene		
01295	Centene Corporation	16130	81-1282251				Health Plan, Inc	AR	IA	Centene Corporation	Ownership	100.0	Corporation	N	0
							Arkansas Total Care Holding			Arkansas Health & Wellness			Centene		
01295	Centene Corporation	. 00000	38-4042368	.			Company, LLC	DE	NIA	Health Plan, Inc	Ownership	49.0	Corporation	[N	0

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		` Board,	If Control is		Is an SCA	
		NAIC	I.D.	F. 4		Publicly	Names of	D	to	Discoult Constanting the	Management,	Ownership	1.111/2	Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	*
Code	Group Name	Code	Number	KOOD	CIK	international)	Of Allillates	Location	Ellilly	Arkansas Total Care Holding	miliderice, Other)	reiceillage	Centene	(1/N)	
01295	Centene Corporation	16256	82-2649097				Arkansas Total Care, Inc.	AR	IA	Company, LLC	Ownership	100.0	Corporation	N	0
	·									, ,			Centene		
01295	Centene Corporation	00000	81-3121527				Oklahoma Complete Health Inc	0K	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N N	0
01293	Centene Corporation	00000	20-4900075				Bridgeway Health Solutions of		N 1 A	Bridgeway Health Solutions.	. Owner sirrp	100.0	Centene]	
01295	Centene Corporation	16310	20-4980818				Arizona Inc.	AZ	IA	LLC	Ownership	100.0	Corporation	N	0
													Centene		
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	1 11	I A	Celtic Group, Inc	Ownership	100.0	Centene Corporation	l N	0
01233	Centene corporation	001 33	00-0041010				l der tite inisurance company			l certic oroup, mo	. Owner strip	100.0	Centene		
01295	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc	MS	I A	Celtic Insurance Company	Ownership	100.0	Corporation	N	0
													Centene	ll	
01295	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc	GA	I A	Celtic Insurance Company	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	27 -2221367				Novasys Health, Inc	DE	NIA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	N	0
01200	Contone corporation	00000	21-2221001				CeltiCare Health Plan Holdings			l cortro oroup, mo	0 WII CT 3111 P		Centene		
01295	Centene Corporation	00000	26-4278205				LLC	DE	NIA	Celtic Group, Inc	Ownership	100.0	Corporation	N	0
		10000					CeltiCare Health Plan of	l	l	CeltiCare Health Plan		400.0	Centene	l ,l	
01295	Centene Corporation	13632	26-4818440				Massachusetts, Inc	MA	I A	Holdings LLC	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership.	100.0	Corporation	N	0
01200	ourtone corporation	00000	00 100 107 0				John Company 220		1	Centene Management Company	0 11101 0111 p		Centene		
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	LLC	Ownership	100.0	Corporation	N	0
04005	0	00000	26-4094682				0	DF	NII A	OMO Deed Federal Oc. 110	0	400.0	Centene		
01295	Centene Corporation	00000	20-4094082				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation Centene]N	
01295	Centene Corporation	00000	82-1816153				Centene Center I. LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation	N	0
							,]				Centene		
01295	Centene Corporation	00000	47 - 5156015				Centene Center II, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	82-2761995					DE	NIA	Centene Management Company	Ownership.	50.0	Centene Corporation	l N	0
01293	Centene corporation	00000	02-2701995				Integrated Care Network of			Centene Management Company	. Owner sirrp		Centene]JN	
01295	Centene Corporation	00000	84-3023173				Florida, LLC	DE	NIA	LLC	Ownership	100.0	Corporation	lN	0
													Centene	l	
01295	Centene Corporation	00000	46-2798132				Lifeshare Management Group, LLC.	NH	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	38-4042368				Arkansas Total Care Holding Company, LLC	DE	NIA	Lifeshare Management Group,	Ownership.	25.0	Centene Corporation	N	0
0 1200	oontono oorporation						Company, LEC				. o #1101 3111 p	20.0	Centene		
01295	Centene Corporation	00000	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
0.4005											ļ		Centene		
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	CCTX Holdings, LLC	Ownership	1.0	Corporation	[N]	0
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	0
31200	55.75.75 501 por ac 1011		20 201 1211				Joseph Moraringo, Ezo						Centene		
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	ТХ	NIA	Centene Holdings, LLC	Ownership	99.0	Corporation	N	0

1 1	2	3	4	5	6	7	I 8	T 9	10	11	12	13	14	15	16
'	2	3	4	5	0	Name of	0	9	10	"	Type of Control	13	14	15	10
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group	Our Albana	Company	ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	
01295	Centene Corporation	00000	43 - 1795436				MHS Travel & Charter. Inc	l wı	NIA	Centene Corporation	Ownership.	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	43-1793430				I will traver & charter, inc		NIA	Centene corporation	. Owner sirrp	100.0	Centene	. JN	
01295	Centene Corporation	00000	46-4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0		N	0
							Integrated Mental Health						Centene		
01295	Centene Corporation	00000	74-2892993				Management, L.L.C	TX	NIA	Centene Corporation	Ownership	100.0			0
							Integrated Mental Health			Integrated Mental Health			Centene		
01295	Centene Corporation	00000	74-2785494				Services	ТХ	NIA	Management, L.L.C.	Ownership	100.0		. N	0
01295	Centene Corporation	00000	22-3889471				Envolve Holdings, LLC	DE	NIA	Centene Corporation	Ownership.	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	22-3009471				Cenpatico Behavioral Health.		N I A	Centene corporation	. Ownersinp	100.0	Centene		
01295	Centene Corporation	00000	68-0461584				III.C.	CA	NIA	Envolve Holdings, LLC	Ownership	100.0		N	0
01200	contono corporation	00000	00 0 10 100 1				Cenpatico Behavioral Health of			Cenpatico Behavioral Health.	0 milor orrip		Centene		
01295	Centene Corporation	00000	20-1624120				Arizona, LLC	AZ	NIA	LLC'	Ownership	100.0	Corporation	N	0
										Cenpatico Behavioral Health			Centene		
01295	Centene Corporation	00000	80-0879942				Cenpatico of Arizona Inc	AZ	NIA	of Arizona, LLC	.Ownership	100.0		. N	0
01205	Contone Corneration	00000	37 - 1788565				Favolvo Inc	DE	NIIA	Favelye Heldings 110	Ownership	100.0	Centene	N.	0
01295	Centene Corporation	00000	37 - 1788303				Envolve, Inc	JDE	NIA	Envolve Holdings, LLC	Ownership	100.0	CorporationCentene		U
01295	Centene Corporation	00000	47 - 3454898				Envolve - New York, Inc	NY	NIA	Envolve. Inc	Ownership	100.0		N	0
01200	contono corporation	00000	17 0 10 1000				Livery New York, Me		1	Liverye, me.	0 #1101 0111 p		Centene		
01295	Centene Corporation	00000	06-1476380				Envolve PeopleCare, Inc	DE	NIA	Envolve Holdings, LLC	Ownership	100.0	Corporation		0
													Centene		
01295	Centene Corporation	00000	47 - 2516714				LiveHealthier, Inc	DE	NIA	Envolve PeopleCare, Inc	Ownership	100.0	Corporation	. N	0
01295	Centene Corporation	00000	61-1846191				Envolve Benefits Options, Inc	DE	N I A	Envolve Holdings, LLC	Ownership	100.0	Centene Corporation	N.	0
01295	centene corporation	00000	01-1040191				Envolve benefits options, inc		N I A	Envolve Benefits Options,	ownersitip	100.0	Centene		
01295	Centene Corporation	00000	20-4730341				Envolve Vision Benefits, Inc	DE	NIA	Inc.	Ownership	100.0		N	0
							Envolve Captive Insurance		1				Centene		
01295	Centene Corporation	00000	36-4520004				Company, Inc	SC	NIA	Envolve Vision Benefits, Inc.	Ownership	100.0		. N	0
04005	0 1 0 1:	05000	75 0500450				E 1 W	T.V.		5 1 W : 5 6:4 1		400.0	Centene		
01295	Centene Corporation	95302	75-2592153				Envolve Vision of Texas, Inc	TX	I A	Envolve Vision Benefits, Inc.	Ownership	100.0		. N	0
01295	Centene Corporation	00000	20-4773088				Envolve Vision. Inc	DF	NIA	Envolve Vision Benefits, Inc.	Ownershin	100.0	Centene Corporation	N	۱
01230	contone corporation	00000	20-4110000				Envolve Vision IPA of New York.			Livorve vision benefits, inc.	. Owner 3111p	100.0	Centene		
01295	Centene Corporation	00000	83-2460878				Inc.	NY	NIA	Envolve Vision Benefits, Inc.	Ownership.	100.0			0
	, , , , , , , , , , , , , , , , , , ,												Centene		
01295	Centene Corporation	00000	65-0094759				Envolve Vision of Florida, Inc	FL	NIA	Envolve Vision Benefits, Inc.	Ownership	100.0		N	0
04005	0 1 0 1:	00000	00 4004044					DE		5 1 W : 5 6:4 1		400.0	Centene		
01295	Centene Corporation	00000	20-4861241	[Envolve Total Vision, Inc	DE	NIA	Envolve Vision Benefits, Inc.	.ownersnip	100.0	Corporation	. N	U
01295	Centene Corporation	00000	82-2908582				Envolve Optical, Inc	DE	lNIA	Envolve Vision Benefits, Inc.	Ownershin	100.0	Centene Corporation	N	۱
01230	Contone Corporation	00000	02-2300002				Linvorvo opticar, inc		N1/^	Envolve Benefits Options,	. Omnot Strip	100.0	Centene		
01295	Centene Corporation	00000	46-2783884				Envolve Dental, Inc	DE	NIA	Inc	Ownership	100.0	Corporation	N	0
	'										'		Centene		
01295	Centene Corporation	00000	81-2969330				Envolve Dental of Florida, Inc	FL	NIA	Envolve Dental, Inc	Ownership	100.0	Corporation	. N	0

											1	ı	1		
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01295	Centene Corporation	16106	81-2796896				Envolve Dental of Texas, Inc	TX	I A	Envolve Dental. Inc.	Ownership.	100.0	Centene Corporation	N	0
01200	deriterio corporation	10 100	2700000				Envolve Dental IPA of New York,			Livorvo Bontar, mo	0 #1101 3111 p		Centene		
01295	Centene Corporation	00000	83-1464482				Inc.	NY	NIA	Envolve Dental, Inc	Ownership	100.0	Corporation	N	0
							Envolve Pharmacy Solutions,						Centene		
01295	Centene Corporation	00000	. 77 -0578529				Inc	DE	NIA	Envolve Holdings, LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	76-0511700				LBB Industries. Inc.	TX	NIA	Envolve Pharmacy Solutions,	Ownership	100.0	Centene Corporation	N	0
01200	deritation der per at ron	00000	. 70-0311700				LDD Madatifica, Mo			Envolve Pharmacy Solutions,	. Owner strip	100.0	Centene		
01295	Centene Corporation	00000	75-2612875				RX Direct, Inc	TX	NIA	Inc.	Ownership	100.0	Corporation	N	0
0.4005			40 0007050							Envolve Pharmacy Solutions,		400.0	Centene	ll	
01295	Centene Corporation	00000	46 - 2307356				Envolve Pharmacy IPA, LLC	NY	NIA	Inc	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
01200	deritario del peratron	00000					00001101 EE0		1	Contone corporation	0 #1101 5111 p	100.0	Centene		
01295	Centene Corporation	00000					Casenet S.R.O	CZE	NIA	Casenet LLC	Ownership	100.0	Corporation	N	0
04005		00000	00 5040540					DE				400.0	Centene		
01295	Centene Corporation	00000	82-5316510				MHM Services, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	90-0766502				Centurion LLC	DE	lNIA	MHM Services, Inc	Ownership	100.0	Corporation	N	0
0.200	00.100.00						55						Centene		
01295	Centene Corporation	00000	81-4228054				Centurion of Arizona, LLC	AZ	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
01295	Contana Corneration	00000	47 - 1686283				Centurion of Vermont, LLC	VT	NIA	Centurion LLC	Ownership	100.0	Centene	N.	
0 1295	Centene Corporation	00000	47 - 1000203				l	J	N I A	Centurion LLC	Ownership	100.0	Corporation Centene]JN	
01295	Centene Corporation	00000	47 - 2967381				Centurion of Mississippi, LLC	MS	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
	·										· ·		Centene		
01295	Centene Corporation	00000	30-0752651				Centurion of Tennessee, LLC	TN	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC	MN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	0
01200	deriterio corporation	00000	140 21 11014				Centurion Correctional		1	John LEG.	. O #1101 5111 p		Centene		
01295	Centene Corporation	00000	81-1161492				Healthcare of New Mexico, LLC	NM	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
04005	0	00000	04 0007470				Occident of Florida IIO			0	0	400.0	Centene		0
01295	Centene Corporation	00000	81-0687470				Centurion of Florida, LLC	FL	NIA	Centurion LLC	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	81-4938030				Centurion of Maryland, LLC	MD	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
0.200	00.100.00	00000								2011(211)			Centene		
01295	Centene Corporation	00000	82-2268901				Centurion of Alabama, LLC	AL	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	82-3128848				Centurion of Georgia, LLC	GA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N.	0
0 1295	Centene Corporation	00000	02-3120040				Centurion Detention Health	GA	N I A	Centurion LLC		100.0	Centene	JN	
01295	Centene Corporation	00000	82-4735175				Services, LLC	DE	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
											'		Centene		
01295	Centene Corporation	00000	82-4823469				Centurion of New Hampshire, LLC.	DE	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	82-4823469				 Centurion of Pennsylvania. LLC	PA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	N	١
01200	Toomtone our por at ron	00000	. 02 34020403				Containon of Femiley Ivalita, ELC	J ^	N 1 //	Octivation ELO	. O #1101 3111 P	100.0	Centene	JN	
01295	Centene Corporation	00000	46-4839132				Centurion of West Virginia, LLC.	WV	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0

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'	2	3	4	3	0	Name of	8	9	10	11	Type of Control	13	14	15	10
						Securities					(Ownership,				
		NAIO				Exchange if	Name		Relationship		Board,	If Control is		Is an SCA	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s		*
					÷	,				(common en anning me en anning me		- creening	Centene	, (,	
01295	Centene Corporation	. 00000	84-3436283				Centurion of Kansas, LLC	KS	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
04005	0	00000	04 0707704				Ocation of Dalaman 110	DE	NII A	0	0	400.0	Centene		
01295	Centene Corporation	. 00000	84-3767794				Centurion of Delaware, LLC	DE	NIA	Centurion LLC	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	. 00000	84-3857653				Centurion of Wyoming, LLC	WY	NIA	Centurion LLC	Ownership	100 0	Corporation	N	0
0.1200													Centene		
01295	Centene Corporation	. 00000	54 - 1856340				MHM Correctional Services, LLC	DE	NIA	MHM Services, Inc	Ownership	100.0	Corporation	N	0
04205	Contona Corneration	. 00000	51-0620904				MIM Corvince of Colifornia IIC	CA	NILA	MIM Corvince Inc	Ownership	100.0	Centene	N.	0
01295	Centene Corporation	. 00000	31-0020904				MHM Services of California, LLC.		NIA	MHM Services, Inc	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	. 00000	60-0002002				MHM Solutions, LLC	DE	NIA	MHM Services. Inc	Ownership	100.0	Corporat ion	N	0
							,				· '		Centene		
01295	Centene Corporation	. 00000	26 - 1877007				Forensic Health Services, LLC	DE	NIA	MHM Services, Inc	Ownership	100.0	Corporat ion	N	0
01295	Centene Corporation	. 00000	46 - 1734817				MHM Health Professionals, LLC	DE	NIA	MHM Services. Inc.	Ownership.	100.0	Centene Corporation	N N	0
01293	l	. 00000	40-1734017				Specialty Therapeutic Care]NTA	IMPINI SELVICES, IIIC	. Ownership	100.0	Centene	JN	
01295	Centene Corporation	. 00000	27 - 3617766				Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion	N	0
										Specialty Therapeutic Care	'		Centene		
01295	Centene Corporation	. 00000	73 - 1698808				Specialty Therapeutic Care, LP	TX	NIA	Holdings, LLC.	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	. 00000	73-1698807				Specialty Therapeutic Care, GP,	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership.	100.0	Centene Corporation	N	0
01233	deritario corporation	. 00000	73-1030007					/ /	N17	Specialty Therapeutic Care,	. O #1101 3111 p	100.0	Centene		
01295	Centene Corporation	. 00000	73-1698808				Specialty Therapeutic Care, LP	ТХ	NIA	IGP, LLC.	Ownership	0.0	Corporat ion	N	0
0.4005										Specialty Therapeutic Care		400.0	Centene	1	
01295	Centene Corporation	. 00000	80-0856383	-			AcariaHealth Solutions, Inc	DE	NIA	Holdings, LLCSpecialty Therapeutic Care	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	. 00000	45-2780334				AcariaHealth, Inc	DF	NIA	Holdings, LLC	Ownership	100 0	Corporat ion	N	0
0 1200	'	i i											Centene		
01295	Centene Corporation	. 00000	27 - 1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth. Inc.	Ownership.	100.0	Centene Corporation	N	0
01293		. 00000	20-0192013				Acarranearth Fhanhacy #11, Thc		N 1 A	Acai raneartii, iiic	. Owner Sirrp	100.0	Centene	JN	
01295	Centene Corporation	. 00000	27 - 2765424				AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc.	Ownership	100.0	Corporat ion	N	0
								l					Centene	1	
01295	Centene Corporation	. 00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	. 00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth. Inc.	Ownership	100 0	Corporation	N	0
01200	deritario corporativon						Thour randar (iii Tharmady , Tho			nour randartii, iiio	. o #1101 o111 p		Centene		
01295	Centene Corporation	. 00000	27 - 3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation	N	0
0.4005												400.0	Centene	1	
01295	Centene Corporation	. 00000	20-8235695				New York Rx, Inc	NY	NIA	AcariaHealth, Inc	Ownership	1100.0	Corporation Centene		
01295	Centene Corporation	. 00000	20-0873587				Foundation Care, LLC	MO	NIA	AcariaHealth. Inc.	Ownership	80.0	Corporation	N	
		i i					U.S. Medical Management			,	· '		Centene		
01295	Centene Corporation	. 00000	27 - 0275614				Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
01205	Contana Corneration	00000	38-3153946				III C Modical Management III C	DE	NI A	U.S. Medical Management	Ownershin	20.0	Centene	N.I	
01295	Centene Corporation		JO •J 10J940	-			U.S. Medical Management, LLC	DE	NIA	Holdings, Inc	Ownership	ZU.U	Corporation	[N]	U

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	<u>-</u>		7		O	Name of	Ŭ		10		Type of Control	10	'-		10
						Securities Exchange if			Relationship		(Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
04005	0	00000	20 2452040				III O Madisal Massassat III O	DE	NII A	0	Owner and the	00.0	Centene		
01295	Centene Corporation	. 00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership	80.0	Corporation	. N	
01295	Centene Corporation	00000	31-1733889				RMED, LLC	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	N	0
	•									Į , , ,	,		Centene		
01295	Centene Corporation	. 00000	47 - 2138680				IAH of Florida, LLC	FL	NIA	RMED, LLC	Ownership	100.0	Corporation	. N	0
01295	Centene Corporation	00000	51-0581762				Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC	Ownershin	100 0	Centene Corporation	N	0
01200	Toditione corporation		31-030170Z	-			Ther reage frome floopree, ELO			0.0. mod roar managonierit, ELO	0#11013111p	100.0	Centene		
01295	Centene Corporation	00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	. N	0
04205	Contant Consenting	00000	20 4520070				Comfort Proof: Hooding 11.0	OH.	NII A	III C Madical Management II C	O	100.0	Centene	N N	0
01295	Centene Corporation	. 00000	20 - 1530070	-			ComfortBrook Hospice, LLC	J	N I A	U.S. Medical Management, LLC	ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	20-4996551				Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	N	0
	·	l					Grace Hospice of San Antonio,						Centene	l	
01295	Centene Corporation	. 00000	20-2827526				Grace Hospice of Grand Rapids,	М I	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation Centene	. N	0
01295	Centene Corporation	00000	45-0679248				IIIC	MI	NIA	U.S. Medical Management, LLC	Ownershin	100 0	Corporation	N	0
01200	dontono dorporatron									o.o. mourour management, EEo	0 #1101 5111 p		Centene		
01295	Centene Corporation	. 00000	45-0634905				Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	45-5080637				Grace Hospice of Virginia, LLC	MI	N I A	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	0
01293		. 00000	43-3000037				Comfort Hospice of Missouri,		N I M	0.5. Medical Management, LLC	Owner Sirrp	100.0	Centene	.	
01295	Centene Corporation	00000	45-5080567				LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporat ion	. N	0
0.4005		00000	40 4700004								^ I:	400.0	Centene		
01295	Centene Corporation	. 00000	46 - 1708834				Grace Hospice of Wisconsin, LLC.	MI	N I A	U.S. Medical Management, LLC	Ownership	100.0	CorporationCentene		0
01295	Centene Corporation	00000	81-5129923				Grace Hospice of Illinois, LLC	 L	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	.lN	0
	,										·		Centene		
01295	Centene Corporation	. 00000	26-4435532				Seniorcorps Peninsula, LLC	VA	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	. N	0
01295	Centene Corporation	00000	33-1179031				R&C Healthcare. LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100 0	Centene Corporation	N	0
	dontono dorporatron						Pinnacle Senior Care of			Į ,	,		Centene	,	
01295	Centene Corporation	00000	46-0861469				Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	. N	0
01295	Centene Corporation	00000	03-0556422				 Country Style Health Care, LLC	TX	N I A	U.S. Medical Management, LLC	Ownerchin	100.0	Centene Corporation	N	0
01293		. 00000	03-0330422				Country Style Health Care, LLC		N I A	0.3. Medical Management, LLC	Owner Sirrp	100.0	Centene		
01295	Centene Corporation	00000	14-1878333				Phoenix Home Health Care, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporat ion	N	0
04005	0	00000	75 0005005				Traditional Home Health	TV	ALLA	III O Madii aad Maaaaaaaa dhaa	Owner and the	400.0	Centene		
01295	Centene Corporation	00000	75-2635025	-			Services, LLC	TX	NIA	U.S. Medical Management, LLC	ownersnip	100.0	CorporationCentene	. N	0
01295	Centene Corporation	00000	38-2751108				Family Nurse Care, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	.lN	0
	'						,						Centene		
01295	Centene Corporation	. 00000	20-5108540				Family Nurse Care II, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	. N	0
01295	Centene Corporation	00000	20-3920947				Family Nurse Care of Ohio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100 0	Centene Corporation	N	0
							Pinnacle Senior Care of				·		Centene		
01295	Centene Corporation	. 00000	46-4229858				Wisconsin, LLC	WI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	. N	0

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1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC		1		Publicly	Names of	L	_ to		Management,	Ownership		Filing	
Group	Out a Name	Company	ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates Pinnacle Senior Care of	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01295	Centene Corporation	00000	81-1565426				Indiana. LLC	MI	NIA	U.S. Medical Management, LLC	Ownershin	100 0	Centene Corporation	N	٥
01200	deriterio corporation	00000	01-1000420				Tridrana, ELO			0.0. mourear management, ELO	Owner 3111 p	100.0	Centene		
01295	Centene Corporation	00000	76-0713516				Pinnacle Home Care, LLC	ТХ	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	N	0
	·						North Florida Health Services,				· ·		Centene		
01295	Centene Corporation	00000	59-3519060				Inc.	FL	NIA	U.S. Medical Management, LLC	Ownership	100 . 0	Corporation	. N	0
04005	Contana Connection	00000	47 - 1742728				Pinnacle Sr. Care of Kalamazoo,	MI	NI LA	II C Madical Managament II C	O	100.0	Centene		
01295	Centene Corporation	00000	4/-1/42/28	-			LLU	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation Centene	- N	
01295	Centene Corporation	00000	46 - 1734288				Hospice DME Company, LLC	MI	NIA	U.S. Medical Management, LLC	Ownershin	100.0	Corporation	N	0
0.200	ouritaina aar par at rangi									a rot mourour management, 220	0 11101 0111 p		Centene		
01295	Centene Corporation	00000	20-4364776				Rapid Respiratory Services, LLC.	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation		0
							USMM Accountable Care Partners,						Centene	ll	
01295	Centene Corporation	00000	46 - 5735993				LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	. N	0
01295	Centene Corporation	00000	83-3534462				Pinnacle Senior Care of	l 11	NIA	U.S. Medical Management, LLC	Ownerchin	100.0	Centene Corporation	l N	0
01295	l	00000	03-3334402	-				I L	NTA	0.3. Medical Management, LLG	Ownersinp	100.0	Centene	- ¹	
01295	Centene Corporation	00000	38-3176990				VPA, P.C	MI	N I A	Centene Corporation	Ownership	100.0	Corporation	N	0
							,			·			Centene		
01295	Centene Corporation	00000	47 - 2159305				IAH of Michigan, PLLC	MI	NIA	VPA, P.C	Ownership	100.0	Corporation	. N	0
04005	0	00000	47 0440400				LALL of Wissessia, DLLO	MI	NII A	VDA D O	Owner and his	400.0	Centene		
01295	Centene Corporation	00000	47 - 2146160				IAH of Wisconsin, PLLC		N I A	VPA, P.C	Ownership	100.0	Corporation Centene	.	
01295	Centene Corporation	00000	20-2386997				VPA of Texas	MI	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
													Centene		
01295	Centene Corporation	00000	35-2519603				IAH of Texas, PLLC	MI	NIA	VPA of Texas	Ownership	100.0	Corporation		0
0.4005			00 4500700				Advantechs X-Ray Imaging	T 1/		VD. 6.7		400.0	Centene	ll	
01295	Centene Corporation	00000	36 - 4539790	-			Services, L.L.C	TX	NIA	VPA of Texas	Ownership	100 . 0	Corporation Centene	. N	0
01295	Centene Corporation	00000	47 - 5208076				Health Net. LLC	DF	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
01200	deritaria corporation	00000	47 0200070				liourth Not, EEG		1	Contone corporation.	0 #1101 5111 p	1	Centene		
01295	Centene Corporation	00000	95-4402957				Health Net of California, Inc	CA	NIA	Health Net, LLC	Ownership	100.0	Corporation	. N	0
							Health Net Life Insurance			Health Net of California,			Centene	ll	
01295	Centene Corporation	66141	73 - 0654885				Company	CA	IA	Inc.	Ownership	100.0	Corporation	. N	0
01295	Centene Corporation	00000	98-0409907				Health Net Life Reinsurance	CYM	NIA	Health Net of California,	Ownership	100.0	Centene Corporation	l N	0
01293	l	00000	90-0409907				l Colliparty	I IW	N 1 A	1110	Ownersinp	100.0	Centene	- JN	
01295	Centene Corporation	00000	95-4117722				Managed Health Network, LLC.	DE	NIA	Health Net. LLC	Ownership	100.0	Corporation	.lN	0
	'						,						Centene		
01295	Centene Corporation	00000	95-3817988				Managed Health Network	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Corporation	. N	0
04005	0	00000	05 4440470				MINI O	0.4	NI A	Marana di Haritala Nataonala 110	0	400.0	Centene		
01295	Centene Corporation	00000	95-4146179	-			MHN Services, LLCHealth Net Federal Services,	CA	NIA	Managed Health Network, LLC	ownersnip		Corporation Centene	. N	
01295	Centene Corporation	00000	68-0214809				III C	DE	NIA	Health Net. LLC	Ownership.	100 0	Corporation	N	n
01200	our por action		00 02 17000							Health Net Federal Services.	0 milor on 1p		Centene		
01295	Centene Corporation	00000	42-1680916	.			MHN Government Services LLC	DE	NIA	LLC	Ownership	100.0	Corporation	. N	0
							MHN Government Services-Guam,				·		Centene		
01295	Centene Corporation	00000	90-0889803	.			Inc	DE	NIA	MHN Government Services LLC	Ownership	100 . 0	Corporat ion	.[N	0

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						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)	(Y/N)	*
			.				MHN Government Services-				l		Centene	ll	
01295	Centene Corporation	00000	90-0889825				International, Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	90-0889815				MHN Government Services-Puerto Rico. Inc.	DF	NIA	MHN Government Services LLC	Ownership.	100.0	Centene Corporation	N N	0
01293	l	00000	. 90-0009015				K100, 1110		N 1 A	I WILLIA GOVERNMENT SELVICES LLC	. Owner sirrp	100.0	Centene]JN	
01295	Centene Corporation	00000	88-0357895				Network Providers. LLC	DF	NIA	MHN Government Services LLC	Ownership	10.0	Corporation	l N	0
	<u>'</u>								1	Health Net Federal Services,			Centene		
01295	Centene Corporation	00000	35-2490375				Health Net Veterans, LLC	DE	NIA	LLC.	Ownership	100.0	Corporation	N	0
0.4005										Health Net Federal Services,			Centene		
01295	Centene Corporation	00000	88 - 0357895				Network Providers, LLC	DE	NIA	LLC	Ownership	90.0		N	0
01295	Centene Corporation	95800	93-1004034				Health Net Health Plan of Oregon, Inc	OR]IA	Health Net, LLC		100.0	Centene Corporation	l N	0
01293	dentene corporation	30000	. 33 - 1004034				Health Net Community Solutions,			liearth Net, LLo	. Owner sirrp	100.0	Centene	JN	
01295	Centene Corporation	00000	54-2174068				Inc.	CA	NIA	Health Net. LLC	Ownership	100.0	Corporation	N	0
	' '									,	· '		Centene		
01295	Centene Corporation	95206	36-3097810				Health Net of Arizona, Inc	AZ	I A	Health Net, LLC	Ownership	100.0	Corporation	N	0
0.4005		00000	00 0005075				Health Net Pharmaceutical	0.1				400.0	Centene	,	
01295	Centene Corporation	00000	68 - 0295375				ServicesHealth Net Community Solutions	CA	NIA	Health Net, LLC	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	15895	81-1348826				of Arizona. Inc	AZ	IA	Health Net, LLC	Ownership	100.0	Corporation	N	0
01233	deriterio corporation	10000	01-1040020				01 A112011a, 1110			licartii Not, ELo	. Owner strip	100.0	Centene		
01295	Centene Corporation	00000	46-2616037				Health Net Access, Inc	AZ	NIA	Health Net, LLC	Ownership	100.0	Corporation	lN	0
							MHS Consulting, International,						Centene		_
01295	Centene Corporation	00000	20-8630006				Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	83-1047281				Centene International Ventures,	DF	NIA	MHS Consulting, International, Inc	Ownership	100.0	Centene Corporation	N N	0
01293	l centene corporation	00000	. 03 - 1047 201				LLO		N 1 A	MHS Consulting,	. Owner sirrp	100.0	Centene	JN	
01295	Centene Corporation	00000	27 - 2075447				MHS European Holdings s.a.r.l	LUX	NIA	International. Inc	Ownership	100.0	Corporation	N	0
	·									MHS Consulting,	'		Centene		
01295	Centene Corporation	00000					PRIMEROSALUD, S.L	ESP	NIA	International, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000					Ribera Salud. S.A.	ESP	NIA	PRIMEROSALUD, S.L.	Ownership	90.1	Centene Corporation	N.	0
01293	l centene corporation	00000					Nibera Saluu, S.A	E3F	N I A	PRIMEROSALOD, S.L	. Ownersinp	90.1	Centene	JN	
01295	Centene Corporation	00000					Torrevieja Salud UTE	ESP	NIA	Ribera Salud, S.A.	Ownership.	65.0	Corporation	N	0
	,						,]	,			Centene		
01295	Centene Corporation	00000					Ribera Salud II	ESP	NIA	Ribera Salud, S.A	Ownership	96.0	Corporation	N	0
04005	0	00000					EDECCANINED	FOR	NII A	Dilege October O. A	O	45.0	Centene		0
01295	Centene Corporation	00000					ERESCANNER	ESP	NIA	Ribera Salud, S.A	Ownership	15.0	Corporation Centene]N	
01295	Centene Corporation	00000					BR Salud UTE	ESP	NIA	Ribera Salud. S.A.	Ownership.	45.0	Corporation	N	0
0 1200							Dr. Garaa Gre		1		0 11101 0111 p		Centene		
01295	Centene Corporation	00000					Marina Salud	ESP	NIA	Ribera Salud, S.A	Ownership	35.0	Corporation	N	0
0.40==							Villa Maria del Triuinfo Salud						Centene		_
01295	Centene Corporation	00000					S.A. C	PER	NIA	Ribera Salud, S.A	Ownership	5.0	Corporation	N	0
01295	Centene Corporation	00000					Callao Salud S.A.C.	PER	NIA	Ribera Salud. S.A.	Ownership	5.0	Centene Corporation	N	ا ۱
01230	ountone our por at ron	00000	1	1			Infraestructuras y Servicios de	=1\	IVI/\	Nibora Garaa, G.A	. o milor our p	J	Centene	¹	
01295	Centene Corporation	00000					Alzira S.L.	ESP	NIA	Ribera Salud, S.A	Ownership	50.0	Corporation	N	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'	2	3	4	5	0	Name of	•	9	10	"	Type of Control	13	14	15	16
						Securities					(Ownership,				
		NAIC				Exchange if	Names of		Relationship		Board,	If Control is		Is an SCA Filing	
Group		Company	ID	Federal		Publicly Traded (U.S. or	Parent. Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
0.4005								505				400.0	Centene		
01295	Centene Corporation	00000					Elche-Crevillente Salud	ESP	NIA	Ribera Salud, S.A.	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000					B2B Salud	ESP	NIA	Ribera Salud, S.A.	Ownership.	100.0	Corporation	l N	0
	,									,	,		Centene		
01295	Centene Corporation	00000					B2B Gestion integral, S.L	ESP	NIA	B2B Salud	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000					B2B Lab,S.L.	ESP	NIA	B2B Gestion integral, S.L	Ownership.	100.0	Centene Corporation	l N	0
01293	centene corporation	00000					DZD E80,0.L.	LOI	N I / /	Destroit integral, J.L	. Owner 3111 p	100.0	Centene		
01295	Centene Corporation	00000					Ribera Salud proyectos S.L	ESP	NIA	Ribera Salud, S.A.	Ownership	100.0	Corporation	N	0
04005	Contone Commenting	00000					Dibara Ovillara UTE	ESP	NII A	Dibara Calud C A	Owen and in	100.0	Centene	l NI	0
01295	Centene Corporation	00000					Ribera-Quilpro UTE Ribera Salud Infraestructuras	E3P	NIA	Ribera Salud, S.A	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000					S.L.U.	ESP	NIA	Ribera Salud, S.A	Ownership	100.0	Corporation	N	0
0.4005								0.44	l	Ribera Salud Infraestructuras			Centene	ll	
01295	Centene Corporation	00000					Pro Diagnostic Group, a.s	SVK	NIA	S.L.U	Ownership		Corporation Centene	N	0
01295	Centene Corporation	00000					Pro RTG	SVK	N I A	Pro Diagnostic Group, a.s	Ownership	80.0	Corporation	N	0
	·									,	'		Centene		
01295	Centene Corporation	00000					DR Magnet	SVK	NIA	Pro Diagnostic Group, a.s	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000					Pro Magnet	SVK	N I A	Pro Diagnostic Group, a.s	Ownership	100.0	Centene Corporation	N	0
										,	İ '		Centene		
01295	Centene Corporation	00000					Medicina NZ	SVK	NIA	Pro Diagnostic Group, a.s	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000					MR Poprad	SVK	N I A	Pro Diagnostic Group, a.s	Ownership	100.0	Centene Corporation	N	0
01200	,						'			,	0 W1101 3111 P		Centene		
01295	Centene Corporation	00000					CT Poprad	SVK	NIA	MR Poprad	Ownership	100.0	Corporat ion	N	0
01295	Centene Corporation	00000					MR Zilina	SVK	NIA	Pro Diagnostic Group, a.s	Ownership	100.0	Centene Corporation	l N	0
01233	contone corporation	00000					Ι ΙΙΙΚ ΣΤΙΤΙΙα		N 17	Tro Dragnostro Group, a.s	0 will 0 3111 p	100.0	Centene		
01295	Centene Corporation	00000					Pro Magnet CZ	CZE	NIA	Pro Diagnostic Group, a.s	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000					Progress Medical a.s.	CZE	NIA	Pro Magnet CZ	Ownership.	100.0	Centene Corporation	l N	0
01293	centene corporation	00000					li logiess medical a.s		N I / /	110 magnet 02	. Owner sirrp	100.0	Centene		
01295	Centene Corporation	00000					OB Klinika, a.s	CZE	NIA	Progress Medical a.s	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000					OB Care, s.r.o	CZE	NIA	Progress Medical a.s.	Ownership	100.0	Centene Corporation	l N	0
01295	Centene Corporation	00000					10b care, S.I.O		NIA	Frogress medical a.s	Ownersinp	100.0	Centene	JN	
01295	Centene Corporation	00000					Hospital Povisa, S.A.	ESP	NIA	Ribera Salud, S.A.	Ownership	93.3	Corporation	N	0
04005	0	00000					Dibara Calad Taradaria C. L. II	FOR		Diberra Orderd O.A	0	400.0	Centene		
01295	Centene Corporation	00000					Ribera Salud Tecnologias S.L.U	ESP	NIA	Ribera Salud, S.A	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000					Torrevieja Salud S.L.U	ESP	NIA	Ribera Salud, S.A	Ownership	100.0	Corporation	N	0
0.4005	,							F05				05.5	Centene		
01295	Centene Corporation	00000					Torrevieja Salud UTE	ESP	NIA	Torrevieja Salud S.L.U	Ownership	35.0	Corporation Centene	N	0
01295	Centene Corporation	00000					Torrejon Salud, S.A	ESP	NIA	PRIMEROSALUD, S.L	Ownership	89.5	Corporation	N	0

				_	•	1						ı			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities			Dalatianahin		(Ownership,	If Control io		Is an SCA	
		NAIC				Exchange if	Names of		Relationship		Board,	If Control is			
Group		NAIC	ID	Federal		Publicly Traded (U.S. or	Parent. Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Company Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
Code	Group Name	Code	Number	ROOD	CIR	international)	MH Services International	Location	Littly	MHS Consulting.	illiluerice, Other)	reiteillage	Centene	(1/18)	
01295	Centene Corporation	00000					Holdings (UK) Limited	GBR	NIA	International, Inc.	Ownership	100 0	Corporation	N	0
01200	ourtone corporation			1			MH Services International (UK)			MH Services International	0 1110 1 0111 p		Centene	1'	
01295	Centene Corporation	00000					Limited	GBR	NIA	Holdings (UK) Limited	Ownership.	100.0	Corporation	N	0
									1	MH Services International	,		Centene		
01295	Centene Corporation	00000					Operose Health Ltd.	GBR	NIA	(UK) Limited	Ownership	100.0	Corporation	.lN	0
	·									MH Services International	·		Centene		
01295	Centene Corporation	00000					Operose Health (Group) Ltd	GBR	NIA	(UK) Limited	Ownership	100.0	Corporation	. N	0
	·						Operose Health Corporate						Centene		
01295	Centene Corporation	00000					Management Ltd	GBR	NIA	Operose Health (Group) Ltd	Ownership	100.0	Corporation	. N	0
													Centene		
01295	Centene Corporation	00000					Operose Health Services Ltd	GBR	NIA	Operose Health (Group) Ltd	Ownership	100.0	Corporation	. N	0
													Centene	1	
01295	Centene Corporation	00000					The Practice Surgeries Limited	GBR	NIA	Operose Health (Group) Ltd	Ownership	100.0		. N	0
04005	Conton Consonting	00000					Dhannin Daimann Cana Limitad		NI A	The Practice Surgeries	O	100.0	Centene		0
01295	Centene Corporation	00000					Phoenix Primary Care Limited	GBR	NIA	Limited	Ownership	100.0	Corporation	. N	
01295	Contana Corneration	00000					Dhaaniy Drimary (Couth) Limited	GBR	NIA	The Practice Surgeries	Ownershin	100.0	Centene	N N	0
01295	Centene Corporation	00000					Phoenix Primary (South) Limited.	NDU	N I A	IMH Services International	Ownership	100.0	Corporation Centene	-	
01295	Centene Corporation	00000					Circle Health Holdings Limited	GBR	lNIA	(UK) Limited	Ownership	19.9		N	0
01233	l			1			Cricle hearth hordings Emirted			Circle Health Holdings	Owner 3111 p		Centene		
01295	Centene Corporation	00000					Circle Holdings Limited	JEY	NIA	Limited	Ownership	100 0	Corporation	N	0
0.200	00.110.10 00. po. at 10			1			Torror noranigo 2 mir toa				o o p		Centene		
01295	Centene Corporation	00000					Health Properties Limited	JEY	NIA	Circle Holdings Limited	Ownership	100.0	Corporat ion	.lN	0
	'	İ					Health Property (South				'		Centene		
01295	Centene Corporation	00000					Manchester) Limited	JEY	NIA	Health Properties Limited	Ownership	100.0	Corporation	. N	0
	·						·						Centene		
01295	Centene Corporation	00000					Circle Partnership Limited	VGB	NIA	Circle Holdings Limited	Ownership	100.0	Corporation	. N	0
										l			Centene	1	
01295	Centene Corporation	00000					Circle Health Limited	GBR	NIA	Circle Partnership Limited	Ownership	49.9	Corporat ion	. N	0
01295	Contana Corneration	00000					Circle Internationational Plc	GBR	NIIA	Cirolo Holdingo Limited	Ownershin	100.0	Centene	N N	0
01293	Centene Corporation	00000					CITCIE IIILEIIIALIONALIONAI FIC		NIA	Circle Holdings Limited	Ownership	100.0	Corporation Centene	. JN	
01295	Centene Corporation	00000					Circle Health Limited	GBR	NIA	Circle Internationational Plc	Ownershin	50.1		N	0
01200	Contone corporation			1			CITCIC HOATTH ETHITTOG				Owner 3111 p		Centene		
01295	Centene Corporation	00000					Nations Healthcare Limited	GBR	NIA	Circle Health Limited	Ownership	100 0	Corporat ion	N	0
0.1200	001 por action						The control of the co		1	orror floar til Eliin tod	5 51 5111 p		Centene		
01295	Centene Corporation	00000					Circle Nottingham Limited	GBR	NIA	Circle Health Limited	Ownership	100.0	Corporation	. N	0
	'										'		Centene	"	
01295	Centene Corporation	00000					Circle Rehabilitation Services	GBR	NIA	Circle Health Limited	Ownership	100.0	Corporation	. N	0
													Centene		
01295	Centene Corporation	00000					Circle Hospital (Bath) Limited	GBR	NIA	Circle Health Limited	Ownership	100.0		. N	0
04005		00000					Circle Hospital (Reading)	000	l	la	0 1:	400 0	Centene	1	
01295	Centene Corporation	00000					Limited	GBR	NIA	Circle Health Limited	Ownership	100.0	Corporation	. N	0
01295	Centene Corporation	00000					Circle Clinical Services	GBR	NIIA	Circle Health Limited	Ownership	100.0	Centene	N.	
0 1290	Centene Corporation	00000					Limited	אסט	NIA	CITCIE REALUI LIMILEO	ownersinp	100.0	Corporation Centene	- JN	
01295	Centene Corporation	00000					Circle Birmingham Limited	GBR	NIA	Circle Health Limited	Ownership	100 0	Corporation	N	
L 0 1200	pointone corporation			4			TOTTOTO DITHITHYHAII ETIIITEGU	וויייום ע	N I //	TOTTOTO HEATER LIMITED	O#1101 9111 P		1001 pui at 1011	-[N	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
													Centene		
01295	Centene Corporation	00000		ļ			Circle Harmony Health Limited	CHN	NIA	Circle Health Limited	Ownership	50.0	Corporation	N	
04005	Contana Connentia	00000					Shanghai Circle Harmony	CHN	NIA	 Circle Harmony Health Limited	O	100.0	Centene	N	
01295	Centene Corporation	00000					Hospital ManagementCentene Europe Finance Company	UIII	N I A	IMHS Consulting.	l whership	100.0	Corporation Centene	JN	
01295	Centene Corporation	00000					Limited	MLT	NIA	International. Inc	Ownership	100.0	Corporation	l N	
01200	Contono corporation	00000					Centene Health Plan Holdings,		1	Thromac ronar, mo	0 #1101 0111 p		Centene		
01295	Centene Corporation	00000	82-1172163				Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	
							Ambetter of North Carolina,			Centene Health Plan Holdings,			Centene	l	
01295	Centene Corporation	16395	82-5032556				Inc	NC	IA	Inc	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	82-2699483				Carolina Complete Health Holding Company Partnership	DE	NIA	Centene Health Plan Holdings,	Ownership	80.0	Centene Corporation	l N	
01295	Centene corporation	00000	02-2099403				Indianily company ranthership	νΕ		Carolina Complete Health	Owner Strip	00.0	Centene	JN	
01295	Centene Corporation	16526	82-2699332				Carolina Complete Health, Inc	NC	IA	Holding Company Partnership	Ownership	100.0	Corporation	l N	
0.200	00.11.01.0 00.10.10.10.10.10.10.10.10.10.10.10.10.1	.0020	02 2000002				New York Quality Healthcare	,.		l	· · · · · · · · · · · · · · · · · · ·		Centene		
01295	Centene Corporation	00000	82-3380290				Corporation	NY	NIA	Centene Corporation	Ownership	100.0	Corporation	N	
							Salus Administrative Services,			New York Quality Healthcare			Centene	l	
01295	Centene Corporation	00000	55-0878053				Inc	NY	NIA	Corporation	Ownership	100.0	Corporation	N	
01205	Contana Corneration	00000	82-0802846				Salus IPA. LLC	NY	NII A	Salus Administrative	Ownorobin	100.0	Centene	l N	
01295	Centene Corporation	00000	02-0002040				Satus IPA, LLG	JN T	NIA	Services, Inc	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	82-4670677				Calibrate Acquisition Co	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	l N	
0.200	00.11.01.0 00.10.10.10.10.10.10.10.10.10.10.10.10.1		02 101 001 1				our israte hequiter their committee						Centene		
01295	Centene Corporation	00000	47 - 4179393				Community Medical Holdings Corp	DE	NIA	Calibrate Acquisition Co	Ownership	100.0	Corporation	N	
							Access Medical Acquisition,			Community Medical Holdings			Centene	l	
01295	Centene Corporation	00000	46 - 3485489				Inc	DE	NIA	Corp	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	45-3191569				Access Medical Group of North Miami Beach, Inc	FI	NIA	Access Medical Acquisition,	Ownership	100.0	Centene Corporation	l N	
01295	Centene corporation	00000	40-0191009				Access Medical Group of Miami,	J L	N 1 A	Access Medical Acquisition,	Owner Sirrp	100.0	Centene	N	
01295	Centene Corporation	00000	45-3191719				Inc.	FL	lNIA	Inc.	Ownership	100.0	Corporation	lN	
	,						Access Medical Group of			Access Medical Acquisition,	, , , , , , , , , , , , , , , , , , , ,		Centene		
01295	Centene Corporation	00000	45-3192283				Hialeah, Inc.	FL	NIA	Inc	Ownership	100.0	Corporation	N	
04005	0	00000	45 0400040				Access Medical Group of	_,	NII A	Access Medical Acquisition,	O	400.0	Centene		
01295	Centene Corporation	00000	45-3199819				Westchester, Inc Access Medical Group of Opa-	FL	NIA	IncAccess Medical Acquisition.	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	45-3505196				Locka. Inc	FL	NIA	Inc.	Ownership	100.0	Corporation	N	
01200	Contono Corporation		10 0000100				Access Medical Group of			Access Medical Acquisition,	0 11101 0111 p		Centene		
01295	Centene Corporation	00000	45-3192955				Perrine, Inc.	FL	NIA	Inc.	Ownership	100.0	Corporation	N	
							Access Medical Group of Florida			Access Medical Acquisition,	L		Centene		
01295	Centene Corporation	00000	45-3192366				City, Inc.	FL	NIA	Inc	Ownership	100.0	Corporation	N	
01205	Contono Cornoration	00000	02 1727070				Access Medical Group of Tampa,	FL	NII A	Access Medical Acquisition,	Ownorchin	100.0	Centene	, and	
01295	Centene Corporation	00000	82-1737078				IncAccess Medical Group of Tampa	FL	NIA	IncAccess Medical Acquisition.	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	82 - 1750978				III. Inc.	FL	NIA	Inc.	Ownership	100.0	Corporation	N	
3.200							Access Medical Group of Tampa			Access Medical Acquisition,			Centene		
01295	Centene Corporation	00000	82-1773315				III, Inc	FL	NIA	Inc	Ownership	100.0	Corporation	N	
0.405 -							Access Medical Group of			Access Medical Acquisition,			Centene		
01295	Centene Corporation	00000	84-2750188	.			Lakeland, LLC	FL	NIA	Inc	Ownership	100.0	Corporation	[N]	

									_						
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group Code	Group Name	NAIC Company Code	/ ID Number	Federal RSSD	CIK	Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Code	Group Name	Code	Number	NOOD	CIK	international)	Of Allillates	Location	Littly	(Name of Littly/Ferson)	inituerice, Other)	reiceillage	Centene	(1/10)	
01295	Centene Corporation	00000	82-4883921				Interpreta Holdings, Inc	DE	NIA	Centene Corporation	Ownership	80.1	CorporationCentene		
01295	Centene Corporation	00000	. 46-5517858				Interpreta, Inc	DE	NIA	Interpreta Holdings, Inc	Ownership	100.0	CorporationCentene		
01295	Centene Corporation	00000	. 82-4581788				Patriots Holding Co	DE	NIA	Centene Corporation	Ownership	100.0	Corporation		
01295	Centene Corporation	00000					RxAdvance Corporation	DE	NIA	Patriots Holding Co	Ownership	30.3	Centene Corporation	N	
01295	Centene Corporation	00000	84-3707689				Centene Venture Company Alabama Health Plan, Inc	AL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	16613	. 83-2446307				Centene Venture Company Michigan	MI	I A	Centene Corporation	Ownership	100.0	Centene Corporation		
01295	Centene Corporation	00000	. 32-2434596				Next Door Neighbors, LLC	DE	NIA	Centene Corporation	Ownership	60.0	Centene Corporation	N	
01295	Centene Corporation	00000	83-2381790				Next Door Neighbors, Inc	DE	NIA	Next Door Neighbors, LLC	Ownership	100.0	Centene Corporation	l N	
01295	Centene Corporation		83-2425735				Centene Venture Company	IL]IA	Next Door Neighbors, Inc	Ownership		Centene Corporation	N	
	·	16528	83-2409040					KS]IA	Next Door Neighbors, Inc	· '	100.0	Centene	NI NI	
01295	Centene Corporation						Centene Venture Company Kansas				Ownership		Corporation Centene	N	
01295	Centene Corporation	16499	. 83-2434596				Centene Venture Company Florida. Centene Venture Company	FL		Next Door Neighbors, Inc	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	. 84-3679376				Indiana, IncCentene Venture Company	IN	NIA	Next Door Neighbors, Inc	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	84-3724374				Tennessee	TN	NIA	Next Door Neighbors, Inc	Ownership	100.0	CorporationCentene		
01295	Centene Corporation	00000					HealthEC, LLCArch Personalized Medicine		NIA	Centene Corporation	Ownership	12.8	Corporation		
01295	Centene Corporation	00000	. 83-4144116				Initiative, LLC	MO	NIA	Centene Corporation	Ownership	50.0	Corporation	N	
01295	Centene Corporation	00000	83-4205348				Social Health Bridge, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	84-6403386				Social Health Bridge Trust	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000					 Wellington Merger Sub I, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation		
01295	Centene Corporation	00000	83-4405939				 Wellington Merger Sub II, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	95448	71-0794605				QCA Healthplan, Inc.	AR]IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	70998	71-0386640				Qualchoice Life and Health	AR	IA	Centene Corporation	Ownership	100.0	Centene Corporation	NI	
01295	Centene Corporation	00000	83-3502610				Hudson Acquisition, LLC	TX	NIA	Centene Corporation.	Ownership		Centene Corporation	NII.	
	·						HealthSmart Benefits			·			Centene	J	
01295	Centene Corporation	00000	. 36-4099199				Management, LLC	TX	N I A	Hudson Acquisition, LLCHealthSmart Benefits	Ownership		Corporation Centene	N	
01295	Centene Corporation	00000	20-2387587				Parker LP, LLC	NV	NIA	Management, LLC	Ownership	100.0	Corporation	JN	

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						Name of					Type of Control				
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)) (Y/N)	*
	·						HealthSmart Preferred Care II,				·		Centene		
01295	Centene Corporation	. 00000	75-2508316				LP	TX	NIA	Parker LP, LLC	Ownership	99.0	Corporation	N	
	,						HealthSmart Primary Care			·	· '		Centene		
01295	Centene Corporation	. 00000	20-3394046				Clinics, LP	TX	NIA	Parker LP, LLC	Ownership	99.0	Corporation	N	
	,						HealthSmart Care Management			·	· '	İ	Centene	i i	
01295	Centene Corporation	. 00000	75-2960859				Solutions, LP	TX	NIA	Parker LP, LLC	Ownership	99.0	Corporation	N	
	'	İ					HealthSmart Information			HealthSmart Benefits	İ '	İ	Centene	i i	
01295	Centene Corporation	. 00000	75-2727437				Systems, Inc.	TX	N I A	Management, LLC	Ownership	100.0	Corporation	N	
	'						HealthSmart Benefit Solutions,			HealthSmart Benefits	· '		Centene		
01295	Centene Corporation	. 00000	36-4099199				Inc.	l L	NIA	Management, LLC	Ownership	100.0	Corporation	. l N	
	'						HealthSmart Preferred Network			HealthSmart Benefits	· '		Centene		
01295	Centene Corporation	. 00000	06 - 1621470				II. Inc.	DE	NIA	Management LLC	Ownership	100.0	Corporation	N	
							, , , , , , , , , , , , , , , , , , , ,			HealthSmart Preferred Network			Centene		
01295	Centene Corporation	00000	34 - 1635597				HealthSmart Rx Solutions. Inc.	0H	NIA	II. Inc.	Ownership.	100.0	Corporation	l N	
							Mauli Ola Health and Wellness.			, , , , , , , , , , , , , , , , , , , ,		1	Centene		
01295	Centene Corporation	00000					Inc.	HI	lNIA	Centene Corporation	Ownership.	100.0	Corporation	N N	
													Centene		
01295	Centene Corporation	. 00000	84-4119570				District Community Care Inc	DC	N I A	Centene Corporation	Ownership	100 0	Corporat ion	N	
	Centene Corporation]]]	1			
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Asterisk	Explanation

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						Income/						
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in		1		A Otto Marta dat		Recoverable/
					Loans, Securities, Real	Connection with Guarantees or		Income/		Any Other Material		(Payable) on
NAIC					Estate, Mortgage	Undertakings for the	Managament	(Disbursements) Incurred Under		Activity Not in the Ordinary Course of		Losses and/or Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Management Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
00000	42-1406317	Centene Corporation	288.000.000	(725.851.072)	nivestilients	Ailillate(3)	(38,482,724)	Agreements		Dusiness	(476,333,795)	1 akeri/(Liability)
		Bankers Reserve Life Insurance Co of Wi	0	(120,001,012)	0	0	(489,321,861)	(4,671,430)		0	(493,993,291)	(9,624,833)
	46-2860967	Health Plan Real Estate Holding, Inc.	0	0	0	0	0	0		0	0	0,021,000
12315	20-3174593	Peach State Health Plan, Inc.	(25,000,000)	0	0	0	(313,273,395)	0		0	(338, 273, 395)	0
15713	46-4829006	lowa Total Care. Inc	0	66,000,000	0	0	(201,779,892)	1,742,370		0	(134,037,523)	78,000
11834		Buckeye Community Health Plan, Inc.	(60.000.000)	0	0	0	(794,648,636)	3.646.689		0	(851,001,946)	4.181.833
	20 - 5693998	Absolute Total Care, Inc.	L0	0	0	0	(192,966,482)	(19,211)	[]	0	(192,985,693)	0
95831	39-1821211	Coordinated Care Co dba Managed HIth Svc.	(20,000,000)	0	0	0	(638, 243, 579)	0	[]	0	(658, 243, 579)	0
00000	46 - 5523218	Healthy Washington Holdings, Inc	0′	0	0	0	L0	0]	0	0′ [0
15352	46-2578279	Coordinated Care of Washington, Inc.	0	11,000,000	J0	0	(79,593,215)	0		0	(68,593,215)	0
96822	39 - 1678579	Managed Health Services Insurance Corp	(10,000,000)	0	J0	0	(45,224,700)	355 , 459	ļ	0	(54,869,241)	0
		Hallmark Life Insurance Co	0	0	0	0	(52,841,530)	0		0	(52,841,530)	0
95647	74-2770542	Superior HealthPlan, Inc	0	0	0	0	(1,097,058,741)	0		0	(1,097,058,741)	0
00000	27 - 0916294	Healthy Louisiana Holdings LLC.	0	0	0	0	0	0		0	0	0
	27 - 1287287	Louisiana Healthcare Connections, Inc.	0	0	0	0	(634,145,078)	0		0	(634 , 145 , 078)	0
13923	20-8570212	Magnolia Health Plan Inc	0	106,500,000	ļ0	0	(437,836,351)	0		0	(331,336,351)	0
14053		IlliniCare Health Plan, Inc	0	37 , 500 , 000	J0	J0	(620,451,501)	0		0	(582,951,501)	0
	26-0557093	Sunshine Health Holding LLC		0	J]0	0	0			0	0
		Sunshine State Health Plan, Inc.		0	ļ0	0	(677,502,007)	0			(677,502,007)	0
		Kentucky Spirit Health Plan, Inc.	(3,000,000)		ļ	J	(80,570)	JU			(3,080,570)	U
00000	45-2798041	Healthy Missouri Holding, Inc		9.000.000	ļ	JU	(146.131.194)			U	(137 . 131 . 194)	U
14345	45-3276702	Sunflower State Health Plan, Inc.	ا لا	9,000,000	ļ	J	(356,113,513)	U			(157, 151, 194) [
		Granite State Health Plan, Inc.	 N	9.500.000	ļ	J	(138,833,623)	1,178,607			(128,155,015)	 0
		California Health and Wellness Plan.	 n		ļ	u	(1, 184, 376)	1,170,007			(126,133,013) [0
10769		Michigan Complete Health, Inc.	 N	8.500.000			(19,998,202)	2,674			(1, 104, 370) [0
16351	45 - 5583511	Western Sky Community Care, Inc.	 N	59,500,000	h	Ω Λ	(66,416,932)	2,074			(6,655,755)	350.782
		Tennessee Total Care, Inc.	n l		n	l	00,410,332)	1			(0,000,700)	
		SilverSummit Healthplan. Inc.	0	11.000.000	0	0	(132,961,777)	(393,080)		0	(122,354,857)	0
		University Health Plans, Inc.	0	0	0	0	0	0		0	0	0
00000		Agate Resources, Inc.	0	0	0	0	0	0		0	0	0
12559	42 - 1694349	Trillium Community Health Plan, Inc.	0	0	0	0	(152,716,241)	660 , 055		0	(152,056,186)	1,330,096
15902	47 - 5123293	Nebraska Total Care, Inc.		0		0	(157,964,379)	(2,869,306)		0 L	(160,833,685)	3,684,122
16041	47 - 5340613	Pennsylvania Health & Wellness. Inc.	L	127 , 000 , 000	0	0	(108,231,669)	0	[]	ō [18,768,331	0
	47 - 5664832	Superior HealthPlan Community Solutions	0	2,000,000	0	0	(6,934,434)	0	ļ	0	(4,934,434)	0
15927	47 - 5667095	Sunshine Health Community Solutions	0	0	0	0	(3, 109, 642)	0	 	0	(3,109,642)	0
	47 - 5664342	Buckeye Health Plan Community Solutions	0	1,000,000	0	0	(6,690,356)	0	ļ	0	(5,690,356)	0
16130	81 - 1282251	Arkansas Health & Wellness Héalth Plan	0	61,710,000	J0	0	(51,625,282)	122,516	ļ	0	10,207,234	0
	38-4042368	Arkansas Total Care Holding Company, LLC	0	0	J0	0	0	0		0	0	0
	82-2649097	Arkansas Total Care, Inc	0	29,000,000	ļ	J	(54,949,046)	0			(25,949,046)	0
	81-3121527	Oklahoma Complete Health Inc	0	0	J	J	J	ļ0	ļ	0 .	0	0
	20-4980875	Bridgeway Health Solutions, LLC	<u>0</u>	0	ļ0	J0	0	ļ0		0	0	0
16310	20-4980818	Bridgeway Health Solutions of Arizona	L0	0	<u> </u> 0	J0	(44,554,114)	L0	L	0 L	(44,554,114)	0

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						Income/						
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC						Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company	ID	Name of the control Devel Or height of the Affiliation	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance	*	the Insurer's	T. (.).	Credit
Code 00000	Number 36-2979209	Names of Insurers and Parent, Subsidiaries or Affiliates Celtic Group. Inc	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements		Business	Totals	Taken/(Liability)
80799		Celtic Insurance Company	/400 000 000\		ļ	U	(2.049.858.495)	U		U	(2,211,858,495)	
15762	35-2525384	Ambetter of Magnolia Inc.	(162,000,000)		J		(186,313,993)			J	(2,211,636,493)	
15702	36-4802632	Ambetter of Magnoria Inc	ا الـــــــــــــــــــــــــــــــــــ		J		(536,401,579)	 N	·····		(160,313,993)	
00000	27 - 2221367	Novasys Health, Inc.	 n		J		1,232,671	 I	·	μ	1,232,671	
00000	26-4278205	CeltiCare Health Plan Holdings LLC.			J	u	1,232,071					
13632	26-4818440	CeltiCare Health Plan of Massachusetts	(8,000,000)		ļ		(147,749)	 N	ļ	† ^U	(8, 147, 749)	 N
00000	39-1864073	Centrolle Management Company LLC	(0,000,000)				3,515,787,405		ļ	†	3,515,787,405	 N
00000	20-0057283	CMC Real Estate Co. LLC	ا ۱		ļ		۱۵۱, ۱۵۱, ۱۵۱, د		ļ	†		
00000	26-4094682	Centene Center LLC	 N	 N	h		n		ļ	ا م	 0	 N
00000	82-1816153	Centene Center I, LLC	n l		n		n	0	·····	n l	n l	 N
00000	47 - 5156015	Centene Center II, LLC.	n	Ω	0	n	0	n		n l	n l	 0
00000	82-2761995	Illinois Health Practice Alliance, LLC.	0	0	0	0	23,528,629	0		0	23,528,629	0
00000	84-3023173	Integrated Care Network of Florida, LLC.	0	0	0	0	0	0		n l	0	0
00000	46-2798132	Lifeshare Management Group, LLC	0	0	0	0	230.510	0		0	230.510	0
00000		CCTX Holdings, LLC	0	0	0	0	200,010	0		0	0	0
00000	74-2810404	Centene Company of Texas, LP	0	0	0	0	566,590,106	0		n i	566,590,106	0
00000	20-2074277	Centene Holdings, LLC.	0	0	0	0	0	0		n i	0	0
00000	43 - 1795436	MHS Travel & Charter, Inc.	0	0	0	0	0	0		0	0	0
00000	46-4855483	Health Care Enterprises, LLC.	0	0	0	0	0	0		0	0	0
00000	74-2892993	Integrated Mental Health Management	0	0	0	0	0	0		0	0	0
00000	74-2785494	Integrated Mental Health Services	0	0	0	0	0	0		0	0	0
00000	22-3889471	Envolve Holdings, LLC	0	0	0	0	0	0	<u> </u>	0	0	0
00000	68-0461584	Cenpatico Behavioral Health, LLC	0	0	0	0	38,244	0	<u> </u>	0	38,244	0
00000	20 - 1624120	Cenpatico Behavioral Health of Arizona	L0	0	0	٥	0	0		L0	0	0
00000	80-0879942	Cenpatico of Arizona Inc.	l0	l0	0	0	0	0	ļ	L0	0	0
00000	37 - 1788565	Envolve, Inc.	0	0	0	0	0	0	ļ	0	0	0
00000		Envolve - New York, Inc	0	0	0	0	0	0	ļ	0	0	0
00000	. 06 - 1476380	Envolve PeopleCare, Inc.	0	0	0	0	60,403,955	0	ļ	0	60,403,955	0
00000	47 - 2516714	LiveHealthier, Inc	0	0	0	0	0	0	ļ	0	0	0
00000		Envolve Benefits Options, Inc.	0	0	ļ0	0	0	0	ļ	0	0	0
00000	20-4730341	Envolve Vision Benefits, Inc	0	0	J	0	0	0	ļ	L0	0	0
00000	36-4520004	Envolve Captive Insurance Company, Inc	0	٥	J0	۵	0	0	ļ	L		0
95302	75-2592153	Envolve Vision of Texas, Inc.	0	0	J0	۵	37,045,267	0	ļ	L	37,045,267	0
00000		Envolve Vision, Inc.	0	0	J0	0	159,420,031	0	ļ	L0	159,420,031	0
00000	83-2460878	Envolve Vision IPA of New York, Inc.	ļ0	ļ0	ļ0	0	0	0	ļ	0	0	0
00000	65-0094759	Envolve Vision of Florida, Inc.	ļ0	ļ0	ļ0	ļ0	19,106,557	0	ļ		19,106,557	0
00000	20-4861241	Envolve Total Vision, Inc.	0	ļQ	ļ0	ļ0	ļ0	0	ļ	ļ0	0	0
00000		Envolve Optical, Inc	<u>0</u>	ļ0	ļ0	ļ0	J0	ļ0	ļ	ļ0	0	0
00000	46 - 2783884	Envolve Dental, Inc	<u>0</u>	ļ0	ļū	ļ0	372,330,209	0	ļ	ļ0	372,330,209	0
00000	81-2969330	Envolve Dental of Florida, Inc	<u>0</u>	ō	ļ	ļ	J0	0	ļ	ł	0	0
16106		Envolve Dental of Texas, Inc.	<u>0</u>	ō	ļ0	ļ	1,394,431	0	ļ	ł	1,394,431	0
100000	83-1464482	Envolve Dental IPA of New York, Inc.	ı0 l	10	1 0	ı0	0	ı 0	I	1 0 1	0.1	0

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						Income/						
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
NATO					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC	ID		Shareholder	Conital	Estate, Mortgage Loans or Other	Undertakings for the Benefit of any		Incurred Under		Ordinary Course of the Insurer's		Reserve Credit
Company Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Capital Contributions	Investments	Affiliate(s)	Agreements and Service Contracts	Reinsurance Agreements	*	Business	Totals	Taken/(Liability)
00000	77 - 0578529	Envolve Pharmacy Solutions, Inc.	Dividends	Continuutions	nivestilients	Allillate(s)	5.876.924.781	Agreements	_	Dusiness	5,876,924,781	Taken/(Liability)
00000	76-0511700	LBB Industries, Inc	o	l	l	o	0	0	····	n	5,070,324,701 0	Λ
00000	75-2612875	RX Direct . Inc.	n	 Λ	n) 1	n	n		n l	 0	
00000	46 - 2307356	Envolve Pharmacy IPA, LLC.	n	l	n	l	n	0		n l	 n l	
00000	90-0636938	Casenet LLC	0	0	0	0	0	0		0	 0	
00000		Casenet S R O	0	ĺ Ő	0	0	0	0		0	0	0
00000	82-5316510	MHM Services, Inc.	0	0	0	0	0	0		0	0	0
00000	90-0766502	Centurion IIC	0	L	0	0	0	0	[I 0	0	0
00000	81-4228054	Centurion of Arizona, LLC	0	L	0	0	0	0		0		0
00000	47-1686283	Centurion of Vermont IIC	0	l0	0	0	0	0		0	0	0
00000	47 - 2967381	Centurion of Mississippi, LLC. Centurion of Tennessee, LLC.	0	0	0	0	0	0	ļ	0	0	0
00000	30-0752651	Centurion of Tennessee, LLC	0	0	0	0	0	0		<u> </u>	0	0
00000	46-2717814	Centurion of Minnesota, LLC	0	0	0	0	0	0		0	0	0
00000	81-1161492	Centurion Correctional Healthcare of NM	0	0	0	0	0	0		0	0	0
00000	81-0687470	Centurion of Florida, LLC	0	0	0	0	0	0		0	0	0
00000	81-4938030	Centurion of Maryland, LLC	0	0	L0	0	0	0	ļ	L0	0	0
00000	82-2268901	Centurion of Alabama, LLC	0	0	J	0	0	0	ļ	ļ0	0	0
00000	82-3128848	Centurion of Georgia, LLC. Centurion Detention Health Services, LLC.	0	0	J0	0	0	0	ļ	L	0	0
00000	82-4735175	Centurion Detention Health Services, LLC	0	ļ0	ļ0	0	0	0			0	0
00000	82-4823469	Centurion of New Hampshire, LLC.	0	J0	J0]0	0	0	ļ	0	0	0
00000	82-4823469	Centurion of Pennsylvania, LLC.	0	ļ0	ļ0]0	0	0		L	0	0
00000	46-4839132	Centurion of West Virginia, LLC.	0	ļŪ	ļ]0	0	J	ļ	ļ	0	0
00000	84 - 3436283 84 - 3767794	Centurion of Kansas, ĽLC Centurion of Delaware, LLC	JU	J	ļ	J	J	0	ļ	L	0	
00000	84-3857653	Centurion of Delaware, LLC		J	ļ	J]0	ļ	U	 n l	
00000	54 - 1856340	Centurion of Wyoming, LLC	JU	J	ļ	J	JU	J		l	 N	U
00000	51-0620904	MHM Services of California, LLC.	J	J	ļ	J	J	J	····	l		
00000	60-0002002	MHM Solutions, LLC.	J	J	ļ	J	J] 	·····			
00000	26 - 1877007	Forensic Health Services, LLC.	J	J		l		l		n l	 n l	
00000	46-1734817	MHM Health Professionals, LLC	n			n	n		ļ	n l		 n
00000	27 - 3617766	Specialty Therapeutic Care Holdings, LLC.	n	n	n	n	n	0	ļ	1 n l	0	 N
00000	73-1698808	Specialty Therapeutic Care, LP	n	n n	n	n	n	0		n l	n l	n
00000	73-1698807	Specialty Therapeutic Care, GP, LLC	n	n	n	n	n	0		n	n l	0
00000	80-0856383	AcariaHealth Solutions, Inc.	0	0	0	0	0	0		n l	n l	0
00000	45-2780334	AcariaHealth. Inc.	0	L		0	0	0	[I 0	0	0
00000	27 - 1599047	AcariaHealth Pharmacy #14, Inc.	0	Ĺ	0	0	0	0		0	0	0
00000	20-8192615	AcariaHealth Pharmacy #11. Inc	0	<u></u> 0	0	0	0	0		0	0	0
00000	27 - 2765424	AcariaHealth Pharmacy #12. Inc	0	<u></u> 0	0	0	0	0	<u> </u>] 0	0 l	0
00000	26-0226900	AcariaHealth Pharmacy #13, Inc	0	0	0	0	0	0	ļ	0	0	0
00000	13-4262384	AcariaHealth Pharmacy, Inc.	0	ļ0	0	0	0	0	ļ	0	0	0
00000	27 - 3707698	HomeScripts.com, LLC	0	0	0	0	0	0	ļ	0	0	0
00000	20-8235695	New York Rx, Inc.	0	0]0	0	0	0	ļ	0	0	0
00000	20-0873587	Foundation Care, LLC	l 0	L0	1 0	10	I 0	L 0	L	1 0 1	0	0

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					Purchases, Sales or	(Disbursements) Incurred in						Reinsurance
					Exchanges of Loans, Securities,			l======/		Any Other Material		Recoverable/
					Real	Connection with Guarantees or		Income/ (Disbursements)		Activity Not in the		(Payable) on Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Capital	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
00000		U.S. Medical Management Holdings, Inc.	Dividends	Continuations	nivestilients	Ailliate(s)	Service Contracts	Agreements	 	Dusiness	10tais	Taken/(Liability)
00000	38-3153946	U.S. Medical Management, LLC		l	l	n	28,595,620	1	ļ	n	28,595,620	ر ۱
00000	31-1733889	RMED, LLC)	l	l		20,000,020	h	ļ	1	20,000,020 N	
00000	47 - 2138680	TAH of Florida, LLC.	n	l	n	n	n	n	ļ	1	n l	ر ۱
00000	51-0581762	Heritage Home Hospice, LLC.	0	l	n	0	n	n		1	n l	 N
00000	20-2827613	Grace Hospice of Austin, LLC.	n	n n	n	n	n	n		1 0	n l	 N
00000	20-1530070	ComfortBrook Hospice, LLC.	n	n	n	n	n	n		n n	n l	 N
00000	20-4996551	Comfort Hospice of Texas, LLC	n	n	n	n	n	n		1 0	n	 N
00000	20-2827526	Grace Hospice of San Antonio, LLC	n	n	n	n	n	n		n	n l	 N
00000	45-0679248	Grace Hospice of Grand Rapids, LLC	n	0	n	n	0	0		1 0	n l	 N
00000	45-0634905	Grace Hospice of Indiana, LLC.	0	0	0	0	0	0		0	0	0
00000	45-5080637	Grace Hospice of Virginia, LLC.	0	0	0	0	0	0		0	0	0
00000	45-5080567	Comfort Hospice of Missouri, LLC.	0	0	0	0	0	0		0	0	0
00000	46 - 1708834	Grace Hospice of Wisconsin, LLC.	0	0	0	0	0	0		0	0	0
00000	81-5129923	Grace Hospice of Illinois, LLC.	0	0	0	0	0	0		0	0	0
00000		Seniorcorps Peninsula, LLC	0	0	0	0	0	0		0	0	0
00000	33-1179031	R&C Healthcare, LLC.	0	0	0	0	0	0		0	0	0
00000	46-0861469	Pinnacle Senior Care of Missouri, LLC.	0	0	0	0	0	0		0	0	0
00000	03-0556422	Country Style Health Care. LLC	0	0	0	0	0	0		I 0	0	0
00000	14-1878333	Phoenix Home Health Care, LLC.	0	0	0	0	0	0		0	0	0
00000	75-2635025	Traditional Home Health Services, LLC	0	l0	0	Ĺ0	0	0	L	<u>l</u> 0	0	0
00000	38-2751108	Family Nurse Care. LLC	0	0	0	0	0	0		<u>l</u> 0	0	0
00000	20-5108540	Family Nurse Care II, LLC	0	0	0	0	0	0	ļ	0	0	0
00000	20-3920947	Family Nurse Care of Ohio, LLC.	0	0	0	0	0	0		<u>l</u> 0	0	0
00000	46 - 4229858	Pinnacle Senior Care of Wisconsin, LLC	0	l0	0	0	0	0		<u>l</u> 0	0 l	0
00000	81-1565426	Pinnacle Senior Care of Indiana, LLC.	0	0]0	0	0	0	ļ	<u> </u> 0	0	0
00000	. 76-0713516	Pinnacle Home Care, LLC	0	0	0	0	0	0	ļ	0	0	0
00000	. 59-3519060	North Florida Health Services, Inc.	0	0	0	0	0	0	ļ	0	0	0
00000	47 - 1742728	Pinnacle Sr. Care of Kalamazoo, LLC	0	0	J0	0	0	0	ļ	0	0	0
00000	46-1734288	Hospice DME Company, LLC	0	0	0	0	0	0		0	0	0
00000	. 20-4364776	Hospice DME Company, LLC	0	0	J0	0	0	0	ļ	10	0	0
00000	46-5735993	USMM Accountable Care Partners. LLC	ļ0	0	J0	0	0	0	ļ	. 0		0
00000		Pinnacle Senior Care of Illinois, LLC	J0	0	J0	0	0	0	ļ	. 0	0	0
00000	. 38-3176990	VPA, P.C	0	0	J	0	0	J0	ļ	. 0	J0	0
00000	. 47 - 2159305	IAH of Wichigan, PLLC	0	0	J0	0	0	0	ļ	. 0	J0	0
00000	47 - 2146160	IAH of Wisconsin, PLLC	10	0	J	0	0	0	ļ	ļ0	0	0
00000		VPA of Texas	<u> </u> 0	J0	J0	J0	0	0	ļ	 0	0	0
00000		IAH of Texas, PLLC	J0	J0	J0	0	0	J0	ļ	 0	J0	0
00000	. 36-4539790	Advantechs X-Ray Imaging Services	0	0	J0	0	0	0	ļ	. 0	0	0
00000	47 - 5208076	Health Net, LLC	75,000,000	0	J	٥	136 , 778 , 456	0	ļ	ļ0	211,778,456	0
00000	95-4402957	Health Net of California, Inc.	J0	J	J0	J0	(12,049,771)	0	ļ	 0	(12,049,771)	0
66141	73-0654885	Health Net Life Insurance Company	J0	J0	J0	J0	(214,470,199)		ļ	. 0	(216,568,970)	21,673,737
100000	98-0409907	Health Net Life Reinsurance Company	1 0	1 0	1 0	1 0	0	2,098,771	1	1 0	2,098,771	(21,673,737)

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					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC	ID.		01	0 11 - 1	Estate, Mortgage	Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company	ID Normala a r	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance	١.	the Insurer's	Tatala	Credit
Code 00000	Number 95-4117722	Managed Health Network, LLC	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts (20,615)	Agreements	-	Business	Totals (20,615)	Taken/(Liability)
00000	95-3817988	Managed Health Network. LLC	U	I	J		4,145,706	 0		1 0	4,145,706	
00000	95-4146179	JMHN Services, LLC.	U	l	J	U	8.097.814				4,145,706	
00000	68-0214809	Health Net Federal Services, LLC.	J	U	J	ν	0,097,014		·		0,097,014	
	42-1680916	JMHN Government Services LLC.	J	U	J	ν			·		U	 N
	90-0889803	MHN Government Services-Guam, Inc.	u	l	u	 n	 0			u	u	 N
00000	90-0889825	MHN Government Services-International	 N	D	ļ	n	n	 N			 N	
	90-0889815	JMHN Government Services-International	U			h	n		ļ	n	U	n
		Network Providers, LLC	0		J		<u> </u>	 n	ļ	n		n
00000	35-2490375	Health Net Veterans, LLC	n			ا n	ا ۱	 N		n		n l
	93 - 1004034	Health Net Health Plan of Oregon, Inc	0	17,000,000	0	n l	(135,971,814)	 0		0	(118,971,814)	0
00000	54-2174068	Health Net Community Solutions, Inc.	0	17,000,000	0	0	0	0		0	1 10,571,014)	0
95206	36-3097810	Health Net of Arizona, Inc.	(75,000,000)	0	0	0	(314,445,048)	0		0	(389,445,048)	0
00000	68-0295375	Health Net Pharmaceutical Services	0	0	0	0	447,975,978	0		0	447,975,978	0
	81-1348826	Health Net Community Solutions of AZ	0	0	0	0	(11,435,009)	0		0	(11,435,009)	0
	46 - 2616037	Health Net Access, Inc.	0	0	0	0	0	(16.520)		0	(16,520)	0
00000	20-8630006	MHS Consulting, International, Inc	0	0	0	0	0	0		0	0	0
00000	83-1047281	Centene International Ventures, LLC.	0	0	0	0	0	0		0	0	0
00000	27 - 2075447	IMHS European Holdings s.a.r.l.	0	0	0	0	0	0		0	0	0
00000		PRIMEROSALUD, S.L.	0	0	0	0	0	0		0	0	0
00000		IRibera Salud S A	0	0	0	0	0	0		0	0	0
00000		Torrevieia Salud UTE	0	0	0	0	0	0	L	0	0	0
00000		Ribera Salud II	0	0	0	0	0	0		0	0	0
00000		_ ERESCANNER	0	0	0	0	0	0	ļ	0	0	0
00000		BR Salud UTE	0	l0	0	l0	0	0	ļ	0	0	0
00000		Marina Salud	0	0	0	0 l	0	0	ļ	0	0	0
00000		Villa Maria del Triuinfo Salud S.A. C	0	0	0	Ω	0	0		0	0	0
00000		Callao Salud S.A.C.	0	0	0	0	0	0		0	0	0
00000		Infraestructuras y Servicios de Alzira	0	0	0	0	0	0		0	0	0
00000		Elche-Crevillente Salud	0	0	0	0	0	0	ļ	0	0	0
00000		B2B Salud	0	0	0	J0	ļ0	0	ļ	0	0	0
00000		B2B Gestion integral, S.L.	0	0	0	0	J0	0	ļ		0	0
00000		JB2B Lab.S.L.	0	0	0	0		0	ļ	0	0	0
00000		Ribera Salud proyectos S.L.	0	J0	J	J0	0	0	ļ	0	0	0
00000		Ribera-Quilpro UTE	J0	ļ	ļ	J	J0	0	ļ	0	ļ0	<u>0</u>
00000		Ribera Salud Infraestructuras S.L.U.	ļ0	ļ	ļū	J0	J0	0	ļ	0	ļ <u>0</u>	0
00000		Pro Diagnostic Group, a.s.	10	ļ0	ļ0	J0	<u>0</u>	0	ļ	0	ļ0	<u>0</u>
00000		Pro RTG	J	ļ	ļū	<u>0</u>	<u>0</u>	0	ļ	. 0	ļū	<u>0</u>
00000		DR Magnet	J	łō	ļ	<u>0</u>	<u>0</u>		ļ	.†ō	łō	0
00000		. Pro Magnet	ł	J	ļ	<u>0</u>	J0	0	ļ	. ō	J	<u>0</u>
00000		Medicina NZ	ł	ł	ļ	<u>0</u>		0	ļ	. ō	ļ	0
00000		MR Poprad	1 ()	1 ()	1 ()	1 () [1 () [()	1	1 ()	ı ()	ı () I

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					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC						Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company	ID	Name of the control of the decidence of the control	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance	*	the Insurer's	T. (.)	Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	<u> </u>	Business	Totals	Taken/(Liability)
00000	-	CT Poprad	JU	J	ļ	J		ļU	ļ	JU		U
00000	-	MR Zilina Pro Magnet CZ	U	ļ	ļ	J	ļ	ļ		ļU	J	
00000	-	Pro magnet UZ.	U	ļ	ļ	J	J	ļ	····	U	J	
00000	-	Progress Medical a.s.	JU	ļ	ļ	J	J	ļ	····	U	J	
	-	OB Klinika, a.s.	JU	ļ	ļ	J	J	ļU	·	U	J	
00000	-	OB Care, s.r.oHospital Povisa, S.A	ļ	ļ	ļ	ļ	ļ	ļ	····	ļ	J	U
100000	-	Dibara Calud Taggalagian C. L. II	ļŪ	ļ	J	ļ	J	ļņ	····	ţ	J	0
00000	-	Ribera Salud Tecnologias S.L.U	ļ	łĎ	ļĎ	J	ļ	ļū	····	ţ	JĎ	
00000	-	Torrevieja Salud S.L.U	ļū	ļ	J	J	J	J	····	ł	J	0
	-	Torrejon´Salud, S.A	ļū	ļ <u>ν</u>	J	ļū	J	J	····	łŋ	}Ď	0
00000	-	IMH Services International Holdings (UK)	U	ļ	ļ	J	ļ	ļ		ļU	J	
00000	-	IMH Services international (UK) Limited	JU	ļ	ļ	JU	J	J	·	JU	J	U
00000	-	Operose Health Ltd	JU	ļ	ļ	J	J	J	·	JU	0	U
00000	-	Operose Health (Group) Ltd.	JU	ļŪ	ļ	J	J		·	JU	J	U
	-	Operose Health Corporate Management Ltd.	JU	J	ļ	J	J	0	·	JU	0	U
00000	-	Operose Health Services Ltd	ļU	ļū	ļū	J	J	ļ	ļ	ļU	U	U
00000	-	The Practice Surgeries Limited	ļU	ļŪ	ļū	J	J	ļ	ļ	ļU	J	U
00000	-	Phoenix Primary Care Limited	JU	ļ	ļ	J	J	J	ļ	JU	J	U
00000	-	Phoenix Primarý (South) Limited. Circle Health Holdings Limited.	JU	ļ	ļ	J	J	J	ļ	LU	J	U
00000	-		JU	ļ	ļ	JU	J	J	·	JU	0	
00000	-	Circle Holdings Limited	JU	ļ	ļ	JU	J	ļU	·	JU	J	U
00000	-	Health Properties Limited	U	ļU	ļ	J	J	ļ		LU	JU	U
00000	-	Health Property (South Manchester)	JU	ļŪ	ļ	J	J	ļ	·	JU	J	U
00000			U	ļ	ļ	J	ļ	J		J	J	U
00000	-	Circle Health Limited	J	ļ	ļ	ļ	ļū	J	····	ł	0	
100000	-	Circle Internationational Plc	J	ļ	ļ	ļ	ļ	ļ	····	ł	J	
00000	-	Nations Healthcare Limited	J	J	ļ	J	J	J	····	ļŪ	J	
00000	-	Circle Nottingham Limited	J	J	ļ	J	J	ļ	····	ļŪ	J	
00000			J	ļ	ļ	l	ļ	J	····	ļ	U	
00000	-	Circle Hospital (Bath) Limited	ļ	ļ	ļ	l	ļ	ļ	····	ļ	^{\\\}	U
	-	Circle Hospital (Reading) Limited	ļ	ļ	ļ	l	ļ	J	····	†ū	^{\(\)}	
00000	-	Circle Dimical Services Limited.	JN	ļ	ļ	ļ	ļņ	ļ	····	ł	J	U
00000	-	Circle Birmingham Limited	ļŪ	ļ	J	J0	J0	ļ	····	ļ	J0	0
100000	-	Circle Harmony Health Limited	ļŪ	ļ	J	ļ	J	ļū	····	tn	JĎ	0
00000	-	Shanghai Circle Harmony Hospital Mgmt	ļū	ļ	J	ļ	J	J	····	tn	JĎ	0
	00 1170100	Centene Europe Finance Company Limited	ļ	ļ	ļĎ	ļ	J		ļ	ţ	JĎ	0
00000	. 82-1172163	Centene Health Plan Holdings, Inc.	ļ	0.500.000	ļņ	ļū	(04,000,000)	0	ļ	ţ	/4F 000 000	0
16395	. 82-5032556	Ambetter of North Carolina, Inc	ļ	9,500,000	JĎ	ļū	(24,803,909)	ļ	ļ	ł	(15,303,909)	
00000	. 82-2699483	Carolina Complete Health Holding Company	ļ	J	JĎ	ļū	/400 553	ļ	ļ	łŋ	02 402 425	
16526	. 82-2699332	Carolina Complete Health, Inc.	ļū	83,629,692	J	ļū	(136,557)	0	ļ	łŋ	83,493,135	
00000	. 82-3380290	New York Quality Healthcare Corporation	JĎ	łĎ	ļĎ	J	J	0	ļ	łō	J	
00000		Salus Administrative Services, Inc.	łĎ	ł	ļō	J	(86)	0	ļ	†ō	(86)	
00000	82-0802846	Salus IPA, LLC	ı0	ı0	10	10	10	10	L	10	ı () l	()

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					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
NAMO					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC	ID		Shareholder	Conital	Estate, Mortgage Loans or Other	Undertakings for the Benefit of any		Incurred Under		Ordinary Course of the Insurer's		Reserve Credit
Company Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Capital Contributions	Investments	Affiliate(s)	Agreements and Service Contracts	Reinsurance Agreements	*	Business	Totals	Taken/(Liability)
00000		Calibrate Acquisition Co	Dividends	Contributions	investments	Allillate(s)	Service Contracts	Agreements	-	Business	Totals	Taken/(Liability)
00000	47 - 4179393	Community Medical Holdings Corp.	u				0	10	·	†		٥
00000	46 - 3485489	Access Medical Acquisition, Inc.		l	l		241 , 159	h	·	t	241.159	٠
00000	45-3191569	Access Medical Group of N. Miami Beach	 N	l	l		241,100	h	ļ	t	241,133	 N
00000	45-3191719	Access Medical Group of Miami, Inc.	n	l	n	n	0	n		T	n l	 N
00000	45-3192283	Access Medical Group of Hialeah, Inc.	n	0	0	0	0	n		†n		
00000	45-3199819	Access Medical Group of Westchester	n	l n	n	n	n	n	ļ	t	n l	 0
00000	45-3505196	Access Medical Group of Opa-Locka, Inc	n	l n	n	n	n	n		T	n l	 0
00000	45-3192955	Access Medical Group of Perrine, Inc	0	0	n	n	n	n		1	n l	 0
00000	45-3192366	Access Medical Group of Florida City	n	n	n	n	n	0		n l	n	0
00000	82 - 1737078	Access Medical Group of Tampa, Inc.	n n	0	0	0	0	0	[T n l	n l	0
00000	82-1750978	Access Medical Group of Tampa II, Inc	0	0	0	0	0	0		0 [0	0
00000	82-1773315	Access Medical Group of Tampa III, Inc	0	0	0	0	0	0		Ī 0 I	0	0
00000	84-2750188	Access Medical Group of Lakeland, LLC	0	0	0	0	0	0		0 [0	0
00000	82-4883921	Interpreta Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	46-5517858	Interpreta Inc	0	0	0	0	415,219	0		0	415,219	0
00000	82-4581788	Patriots Holding Co	0	0	0	0	0	0		0	0	0
00000		IRXAdvance Corporation.	0	0	0	0	0	0		0	0	0
00000	84-3707689	Centene Venture Company AL Health Plan	Ĺ0	L0	L0	Ĺ0	0	0	L	L	0	0
16613	83-2446307	Centene Venture Company Michigan	0	1,511,380	0	0	(3,254)	0		0	1,508,126	0
00000	32-2434596	Next Door Neighbors, LLC.	0	0	0	0	0	0		10	0	0
00000	83-2381790	Next Door Neighbors, Inc.	0	0	0	0	0	0		0	0	0
16505	83-2425735	Centene Venture Company Illinois	0	0	0	0	(6,760)			0	(6,760)	0
16528	83-2409040	Centene Venture Company Kansas	0	0	0	0	(1,639)	0		0	(1,639)	0
16499	83-2434596	Centene Venture Company Florida	0	J0	J0	0	(65,025)	0	ļ	ļ0 ļ.	(65,025)	0
00000	84-3679376	Centene Venture Company Indiana, Inc	0	J0	J0	0	0	0	ļ	ļ0 ļ.	0	0
00000	. 84-3724374	Centene Venture Company Tennessee	0	0	J0	0	J0	J0	ļ	ļ0 ļ.	0	0
00000		HealthEC, LLC	0	ļ0	ļ0	Q	ļ0	ļ0	ļ	ļ0 ļ.	0	0
00000	83-4144116	Arch Personalized Medicine Initiative	ļ0	ļ0	ļ0	J	J0	J0	ļ	ļ0	0	0
00000	83-4205348	Social Health Bridge, LLC	ļ0	ļ0	ļ0	0	ļ0	0	ļ	ļ	0	0
00000	84-6403386	Social Health Bridge Trust	ļ0	ļ0	J0	J0	J0	0	ļ	ļ0 ļ	0	0
00000		Wellington Merger Sub I, LLC	J	ļ	ļū	J0	J	0	ļ	łō	0	0
00000	83-4405939	Wellington Merger Sub II, Inc	J0	J0	J	J	J0	0	ļ	ł	0	0
95448	71-0794605	QCA Healthplan, Inc	J	40,800,000	l	J	(7,253,964)	0	ļ	łğ	33,546,036	0
70998	71-0386640	Qualchoice Life and Health Insurance Co	J	34,200,000	J	J	(5,032,243)	0	ļ	łŏ l	29 , 167 , 757	0
00000	83-3502610	Hudson Acquisition, LLC.	łō	ł	ŀō	J	F	0	ļ	tŏ t	<u>0</u>	
00000	36-4099199	HealthSmart Benefits Management, LLC.	ļ0	J	I	ļ	J	0	ļ	tĎ	0	0
00000		Parker LP, LLC	ļ	ļ	ļ	ļ	ļ	J	ļ	tĎ þ		0
00000	75-2508316	HealthSmart Preferred Care II, LP	ļ	łĎ	ļ	J0	łĎ	J	····	tĎ þ		0
00000	20-3394046 75-2960859	HealthSmart Primary Care Clinics, LP HealthSmart Care Management Solutions	ļŪ	ļ	ļ	J0	ļ	J	····	łή ŀ		
	. 75-2900809	HealthSmart Unionation Systems, Inc	ļū	ļ	ļ	J	ļ	ļū	····	łή ŀ	ñ ŀ	U
00000	75-2727437 36-4099199	Thealth Congrt Dengfit Colutions Inc.	ļū	ļ	ļ	J	ļ	ļ	····	ł	ñ ŀ	
00000	., 30 -4099 199	HealthSmart Benefit Solutions, Inc.	ıU	ıU	1	LU	LU	LU	1	1 () [() [()

SCHEDULE Y

1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in		. ,				Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material Activity Not in the		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage Loans or Other	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and Service Contracts	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
00000	06-1621470	HealthSmart Preferred Network II, Inc.	0	0	J0	0	0	0	ļ	0	0	0
00000	34 - 1635597	HealthSmart Rx Solutions, Inc. Mauli Ola Health and Wellness, Inc.	0	۵	۵	0	0	0	ļ	L0	0	0
00000		Mauli Ola Health and Wellness, Inc	0	0	l0	0	0	0	ļ	ļ0	0	0
00000	84-4119570	District Community Care Inc.	0	0	0	0	0	0		L0	0	0
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9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

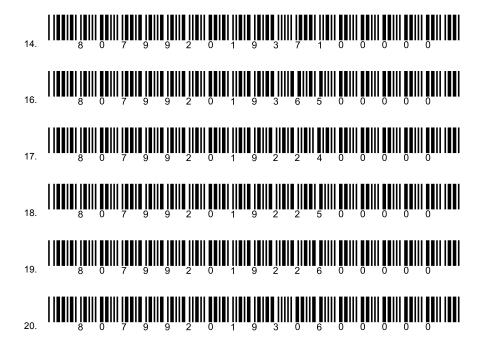
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2	2. Will an actuarial opinion be filed by March 1?	YES
3	B. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
2	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
	5. Will Management's Discussion and Analysis be filed by April 1?	YES
		YES
-		YES
,	7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	1E9
	JUNE FILING	VE0
8	3. Will an audited financial report be filed by June 1?	YES.
(Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
1	 Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? 	YES
Hov inte	following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business of the event that your company does not transact the type of business for which the special report must be filed, your respons trogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your co	e of NO to the specific
wha	tever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
	MARCH FILING	
1	1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
1	2. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	YES
1	3. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
1	4. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Suppleme be filed with the state of domicile and electronically with the NAIC by March 1?	ntN0
1	5. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	ofYES
1	6. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
1	7. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
1	8. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
1	9. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
2	0. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
2	1. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
2	2. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
2	3. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	, YES
2	4. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile a the NAIC by April 1?	ndYES
2	5. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
2	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Exp	olanation:	
13	Not applicable	
14.	Not applicable	
16.	Not applicable	
17.	Not applicable	
18.	Not applicable	
19.	Not applicable	
20.	Not applicable	

Bar code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25. *ASSETS - Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. State Income Tax Receivable	9,172,080		9,172,080	
2505.			0	
2597. Summary of remaining write-ins for Line 25 from Page 2	9,172,080	0	9,172,080	0

M003 Additional Aggregate Lines for Page 03 Line 23. *LIAB - Liabilities

		1	2	3	4
		Covered	Uncovered	Total	Total
2304.	State income tax payable	4,877,060		4 ,877 ,060	5,802,012
2305.	Advanced Premium Tax Credit Payable	787,956		787,956	888,313
2306.	Quota Share Agreement	3,429,192		3,429,192	(604,346)
2397.	Summary of remaining write-ins for Line 23 from Page 03	9,094,207	0	9,094,207	6,085,979



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Alabama		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in	2017, 2018, 2019)
										11	Incurred	Claims	14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	IMS-PLAN C	<u>C</u>	No	. 0034000	08/14/1992 08/14/1992				Celtic Med Supp Celtic Med Supp Celtic Med Supp	13,609	14,809	108.8	4			0.0	
	IMS-PLAN F		No	. 0034000	08/14/1992		ļ	· · · · · · · · · · · · · · · · · · ·	Celtic Med Supp	67,872	35,569 485	52.4	13			0.0	
Yes	IMS-PLAN I	OF ON INDIV	No	. 0034000	08/14/1992				Certic Med Supp	8,945		5.4			^	0.0	^
0199999 1	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	, 						90,427	50,862	56.2	18	0	U	0.0	U
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0299999 T	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	1 0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

							FOR THE STATE OF A			
	Group Code 1295								NAIC Company Code	9 80799
			Chicago, IL 6	0601						
	Completing This	Exhibit								
Title									Telephone Number	
3	4	5	6	7	8	9	10	Policies Issued Through 2016		Policies Issued in 2017, 2018, 2019

1	2	3	4	5	6	7	8	9	10			Through 2016			Policies Issued in		
										11	Incurred	l Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
Compliance with OBRA	Number	Benefit Plan	Select	istics	Approved		Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					1-1												
Yes	IMS-PLAN F	FF	No	. 0034000	08/19/1992				Celtic Med Supp	3,898	481	12.3	1			0.0	
0199999 T	OTAL EXPERIENCE	CE ON INDIVI	DUAL POLICIES	3						3,898	481	12.3	1	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF American Samoa		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016			Policies Issued in		,
										11	Incurred		14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						0	0	0.0	0	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	IP POLICIES			•			•	0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Arizona		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016			Policies Issued in)
										11	Incurred		14	15		Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	IMS-PLAN F	F	No	. 0034000	08/14/1992				Celtic Med Supp	5,656	1,423	25.2	1			0.0	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	3						5,656	1,423	25.2	1	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES				<u> </u>			0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Arkansas		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit		
Title	Telephone Number	

Number Senefit Plan Select islics Approved Withdrawn Amended Closed Name Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed E	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2016			Policies Issued in	2017, 2018, 2019	•
Standardized Policy Form Medicare Supplement Number of BRA Number of BRA Number of BRA Number of BRA Number of Select 1 sits 2 pate Approval Withdrawn Name Permiums Select 1 sits 2 pate Name Permiums Permiums Covered Lives Select 1 sits 2 pate Name Sel											11		d Claims	14	15	Incurred	l Claims	18
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	with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	0199999 T	OTAL EXPERIENC	CE ON INDIVI	IDUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF California		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016			Policies Issued in)
										11	Incurred		14	15		l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
		_															
Yes	IMS-PLAN FIMS-PLAN I		No	. 0034000	08/14/1992 08/14/1992			· · · · · · · · · · · · · · · · · · ·	Celtic Med Supp Celtic Med Supp	6,865	1,238	18.0	ļ			0.0	
Yes	IMS-PLAN I		No		08/14/1992				Celtic Med Supp	6,416	69	1.1	1			0.0	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						13,281	1,307	9.8	2	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES	1		·	······································			0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Colorado		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016 Policies Issued in 2017, 2018, 2019)			
										11	Incurred		14	15		Claims	18
											12	13			16	17	1
		Standardized		l l												_	1 !
		Medicare		Plan		Date	Date					Percent of	Number of	l		Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums	l	Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	IMS-PLAN F	F	No	. 0034000	08/14/1992				Celtic Med Supp	4,578	271	5.9	1			0.0	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	3						4,578	271	5.9	1	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	1 0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Connecticut		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10						Issued in 2017, 2018, 2019		
										11	Incurred	Claims	14	15	Incurred	l Claims	18
		l		l i							12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
With OBIG	Hamboi	Bononer lan	00,000	101100		Withdiam	7 tinonaca	0.0000	Hame	Lamou	runount	Lamou	LIVOO	Lamou	7 tinount	Lamou	LIVOO
Yes	IMS-PLAN C	С	No	0034000	08/14/1992 08/14/1992 08/14/1992 08/14/1992				Celtic Med Supp	13 , 168	12,334	93.7	3			0.0	
Yes	IMS-PLAN D	D	No	. 0034000	08/14/1992				Celtic Med Supp	48,810	55 . 557	113.8	16			0.0	
Yes	IMS-PLAN F	F	No	. 0034000 0034000	08/14/1992				Celtic Med Supp.			113.5	21			0.0	
Yes	IMS-PLAN I (Rx)		No	0034000	08/14/1992		<u> </u>		Celtic Med Supp Celtic Med Supp Celtic Med Supp.	4,910	4,560	92.9	1			0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES							132.826	147.313	110.9	41	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Delaware		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017, 2018, 2019			
										11	Incurred	Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized														1	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	IMS-PLAN A	A	No	. 0000000	08/14/1992 08/14/1992				Celtic Med Supp Celtic Med Supp Celtic Med Supp	3,913	1,395	35.6				0.0	
Yes	IMS-PLAN DIMS-PLAN F	J	No	. 0000000	08/14/1992 08/14/1992				Celtic Med Supp	7,293	864	11.8	1			0.0	
			No		08/14/1992			· · · · · · · · · · · · · · · · · · ·	certic wed Supp	7,821	350	4.5	1			0.0	^
01999991	OTAL EXPERIENC	CE ON INDIVI	DUAL PULICIES) 						19,027	2,608	13.7	3	U	U	0.0	U
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0299999 T	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number:	
4. Explain any policies identified above as policy type	'O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF District of Columbia		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	. ,	
Person Completing This Exhibit		
Title	Telephone Number	

Number Senefit Plan Select islics Approved Withdrawn Amended Closed Name Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed E	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2016	hrough 2016 Policies Issued in 2017, 2018, 2019				•
Standardized Policy Form Medicare Supplement Number of BRA Number of BRA Number of BRA Number of BRA Number of Select 1 sits 2 pate Approval Withdrawn Name Permiums Select 1 sits 2 pate Name Permiums Permiums Covered Lives Select 1 sits 2 pate Name Sel											11		d Claims	14	15	Incurred	l Claims	18
Amount Percent of Number of Permiums Covered Lives Permiums Covered Senter of Number of Permiums Covered Lives Permiums Covered Premiums Covered Cov												12	13			16	17	
Complete Policy Form Supplement Medicare Character Date Approval Last Approval Last Approval Last Approval Last Approval Closed Name Premiums Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Lives Earned Lives																		
Number Benefit Plan Select istics Approved Withdrawn Amended Closed Name Eamed Amount Eamed Lives Eamed Amount Eamed Lives Control																		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Compliance	Policy Form	Supplement	Medicare			Approval			Policy Marketing Trade	Premiums							
	with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	0199999 T	OTAL EXPERIENC	CE ON INDIVI	IDUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number: 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

	FOR THE STATE OF Florida		
NAIC Group Code 1295		NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			9				
										11	Incurred	Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized														ı J	1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
,,			.,	0004000	00/40/4000					17.07.	40.000	70.4					
Yes	IMS-PLAN AIMS-PLAN B	A	No	. 0034000	08/19/1992 08/19/1992 08/19/1992 08/19/1992			· · · · · · · · · · · · · · · · · · ·	Celtic Med Supp	17,271	12,683	73.4	8			0.0	
	IMS-PLAN BIMS-PLAN C	B	No	0034000	08/ 19/ 1992				Celtic Med Supp Celtic Med Supp		67,844	64.3 .94.5	40 748			0.0	·····
	IMS-PLAN F	F	NoNoNoNoNo	0034000	00/19/1992 08/10/1002				Celtic Med Supp	2/3 /80	2,372,852 698,281	82.8				0.0	
	IMS-PLAN I (No Rx).		No	0034000	08/19/1992				Celtic Med Supp		159,006	61.6	60			0.0	ļ
Yes	IMS-PLAN I (Rx)		No.	0034000	08/19/1992				Celtic Med Supp.	201 ,300	16.976	0.0	6			0.0	ļ
	OTAL EXPERIENC	CE ON INDIVID				1			отто же сары	3,735,169	3,327,642	89.1	1,083	n	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROUE	POLICIES	-1		T				0	0	0.0	0	0	0	0.0	0
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Georgia		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2016			Policies Issued in 2017, 2018, 2019				
										11	Incurred Claims		14	15	Incurred Claims		18		
		İ									12	13			16	17	1		
		Standardized																	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of		
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered		
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives		
Yes	IMS-PLAN A	A	No	. 0034000	08/19/1992				Celtic Med Supp	3,113	1,118	35.9	1			0.0			
Yes	IMS-PLAN B	В	No	. 0034000	08/19/1992				Celtic Med Supp	890	8,496	954.4	1		ļ	0.0			
Yes	IMS-PLAN C	<u>C</u>	NoNoNoNo	. 0034000	08/19/1992			·····	Celtic Med Supp	51,948	58,674	112.9	13		ļ	0.0			
Yes	IMS-PLAN D	<u>Г</u>	No	0034000	08/19/1992				Celtic Med Supp	21,373 139,977	23,045 109,101	107.8	9		ļ	0.0			
Yes	IMS-PLAN F	ļ	No	. 0034000					Celtic Med Supp.	139,977	109,101	77.9	43	····	†	0.0			
Yes	IMS-PLAN I (No Rx).	·····	No No	. 0034000 0034000	08/19/1992	·		·····	Celtic Med Supp Celtic Med Supp	16,634	22,468	135.1	4		·····	0.0 0.0			
Yes					06/ 19/ 1992				.certic wed supp										
0199999 1	OTAL EXPERIEN	SE ON INDIVIL	DUAL POLICIES							233,934	224,108	95.8	72	0	0	0.0	0)		
															 		 		
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0299999 T	OTAL EXPERIENC	CE ON GROUI	P POLICIES	1	• • • • • • • • • • • • • • • • • • • •	•			1	Λ	Λ	0.0	0	n	n	0.0	Λ		
0299999 TOTAL EXPERIENCE ON GROUP POLICIES 0										U	0.0	ı		1	0.0	1			

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number: 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Guam		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1 1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in 2017, 2018, 2019				
										11	Incurred Claims		14	15			18		
											12	13			16	17			
		Standardized																	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of		
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered		
Compliance with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives		
					•														
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							0	0	0.0	0	0	0	0.0	0		
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0299990 T	OTAL EXPERIENC	CE ON GROU	P POLICIES	4	• • • • • • • • • • • • • • • • • • • •	·	······			0	0	0.0	0	n	0	0.0	0		

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Hawaii		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	-	
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016		Policies Issued in 2017, 2018, 2019				
										11	Incurred Claims		14	15	Incurred Claims		18	
											12	13			16	17		
		Standardized																
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of	
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered	
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						0	0	0.0	0	0	0	0.0	0	
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0299999 T	OTAL EXPERIEN	CE ON GROU	IP POLICIES			•				0	0	0.0	0	0	0	0.0	0	

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Idaho		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	, ,	
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016			Policies Issued in		,
										11	Incurred		14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						0	0	0.0	0	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	IP POLICIES			•			•	0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

							FOR THE STATE OF II	linois				
	Group Code 1295 s (City, State and									NAIC Company Cod	e 80799	
	Completing This	Exhibit								Telephone Number		
3	4	5	6	7	8	9	10		Policies Issued Through 2016			Policies Issued in 2017, 2018, 2019
								11	Incurred Claims	14	15	Incurred Claims

		1								11	Incurred	Oldillio	14	15	mounted	Claims	18
											12	13			16	17	ı
1		Standardized															
	Dallas Farm	Medicare	Madiana	Plan	Data	Date	Date	Dete	Dalias Madratina Tanda	Description		Percent of	Number of	December 1		Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
WILLIOBRA	Number	Benefit Plan	Select	ISUCS	Approved	withdrawn	Amended	Ciosea	ivame	Eameu	Amount	Eameu	Lives	Earneu	Amount	Eameu	Lives
YesIMS	MS-PLAN F	F	No	0034000	08/19/1992				Celtic Med Supp	22,119	20,939	94.7	5			0.0	ı
Yes IMS	MS-PLAN I		No	0034000	08/19/1992 08/19/1992				Celtic Med Supp Celtic Med Supp	9,657	1,754	18.2	1			0.0	J
0199999 TOT	TAL EXPERIENC	CE ON INDIVID	DUAL POLICIES							31,776	22,693	71.4	6	0	0	0.0	0
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0200000 TOT	TAL EXPERIENC	CE ON GROUP	D DOI ICIES	4						0	0	0.0	0	Λ	0	0.0	Λ

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Indiana		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued					2017, 2018, 2019)
										11	Incurred	Claims	14	15	Incurred	l Claims	18
				l i							12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
With OBIG	TTUTTE	Donoile Fider	00,000	101100		Witharawii	7 tinonaca	0.0000	Hame	Lamou	runount	Lamou	LIVOO	Lamou	7 tinount	Lamou	LIVOO
Yes.	IMS-PLAN C	C	No	0034000	08/19/1992 08/19/1992 08/19/1992 08/19/1992				Celtic Med Supp	11,497	1,053	9.2	2			0.0	
Yes	IMS-PLAN D	D	No	. 0034000	08/19/1992				Celtic Med Supp	4,866	66	1.4	1			0.0	
Yes	IMS-PLAN F	F	No	. 0034000 0034000	08/19/1992				Celtic Med Supp.	223,910	244,270	109.1	54			0.0	
Yes	IMS-PLAN I (No Rx).		No	0034000	08/19/1992		<u> </u>		Celtic Med Supp Celtic Med Supp Celtic Med Supp.	17,492	244 , 270 20 , 347	116.3	4			0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES							257.766	265.735	103.1	61	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROUP	P POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Iowa		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued					2017, 2018, 2019	<u> </u>
										11	Incurred	l Claims	14	15	Incurred	Claims	18
l											12	13			16	17	1
		Standardized														1 1	1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
V	IMC DI ANI C	0	N-	0004000	00/40/4000				Caltia Mad Coma	0	0.040	0.0					1
Yes Yes	IMS-PLAN CIMS-PLAN DIMS-PLAN F		No	. 0034000 . 0034000 . 0034000	08/19/1992 08/19/1992 08/19/1992				Celtic Med Supp Celtic Med Supp Celtic Med Supp	2 251	2,018	0.0 72.4	0		·····		····
Yes	IMS-PLAN D	F	No No	10034000	00/ 19/ 1992 08/10/1002				Celtic Med Supp	3,251 49,266	2,353 45,331	92.0	13			0.0	İ
	OTAL EXPERIENCE	CE ON INDIVID			007 137 1332				сетете шеа зарр	52.517	49,701	94.6	14	Λ	۸	0.0	0
019999910	JIAL LAI LINLIN	JE ON INDIVI	DOAL I OLIGILO	, T		I				02,011	43,701	34.0	14	0	0	0.0	
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0299999 TO	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Kansas		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued					2017, 2018, 2019)
										11	Incurred	Claims	14	15	Incurred	l Claims	18
				l i							12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
William	TTUTTE	Bononerian	00,000	101100		Witharawii	7 tillollada	0.0000	Hame	Lamou	runount	Lamou	LIVOO	Lamou	7 tinount	Lamou	LIVOO
Yes	IMS-PLAN A	Α	No	. 0034000	08/19/1992 08/19/1992 08/19/1992 08/19/1992				Celtic Med Supp	3,108		0.0	1			0.0	
Yes	IMS-PLAN C	С	No	0034000	08/19/1992				Celtic Med Supp	7.667	4,676	61.0				0.0	
Yes	IMS-PLAN F	F	No	. 0034000 0034000	08/19/1992				Celtic Med Supp.	2.322	11,634 4,985	501.0	1			0.0	
Yes	IMS-PLAN I (No Rx).		No	0034000	08/19/1992				Celtic Med Supp Celtic Med Supp Celtic Med Supp.	4,497	4,985	110.8	1			0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES						,,	17,594	21,295	121.0	5	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROUP	P POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Kentucky		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2016			Policies Issued in	2017, 2018, 2019	•
										11	Incurred	d Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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0199999 10	OTAL EXPERIENC	JE ON INDIVI	DUAL POLICIES		1				1	0	0	0.0	0	0	0	0.0	0
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0299999 TO	OTAL EXPERIENCE	CE ON GROU	P POLICIES						•	0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Louisiana		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2016					
1 1										11	Incurred	l Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1 1
		Standardized															1 1
		Medicare	l	Plan		Date	Date					Percent of	Number of	l		Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums	l	Premiums	Covered	Premiums	l	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	IMS-PLAN F	F	No	0034000	08/19/1992				Celtic Med Supp	8,332	7,911	94.9	2			0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							8,332	7,911	94.9	2	0	0	0.0	0
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0200000 T	OTAL EXPERIENC	OF ON GROU	ID POLICIES	1				•		Λ	0	0.0	0	n	0	0.0	Λ
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- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

							FOR THE STATE OF N	Maine Maine	
NAIC G	Group Code 1295							NAIC Company Code 80799	
Address	s (City, State and	Zip Code)	Chicago, IL 6	0601					
Person	Completing This	Exhibit	-						
Title								Telephone Number	
3	4	5	6	7	8	9	10	Policies Issued Through 2016 Policies Issued in 2017, 2018, 201	9
l l			1	ı	I			44 15 15 15 15 15 15 15 15 15 15 15 15 15	т

1 1	2	3	4	5	6	7	8	9	10		Policies Issued Through 2016			Policies Issued in 2017, 2018, 2019				
										11	Incurred	l Claims	14	15	Incurred	l Claims	18	
											12	13	1		16	17	1	
		Standardized														1	1	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of	
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered	
Compliance with OBRA	Number	Benefit Plan	Select	istics	Approved		Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
WILLIODICA	Number	Deficill Flair	Jeiect	131103	Арргочец	vvitilalawii	Amended	Ciosea	Ivaille	Lameu	Amount	Lameu	LIVES	Lameu	Amount	Lamed	LIVES	
0100000 T	OTAL EXPERIENC	CE ON INDIVI	DITAL BOLICIES	,						0	0	0.0	0	0	0	0.0		
01999991	OTAL EXPERIENT	CE ON INDIVI	DUAL PULICIES	<u> </u>					1	U	U	0.0	U	0	U	0.0		
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES						1	Λ	n	0.0	0	n	0	0.0	0	
0233331	OTAL DATE DISTRIB	CE CIN CINCO	1 JUIOLO							0	<u> </u>	0.0		0	0	0.0	0	

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

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3.2 Contact Person and Phone Number:	
Explain any policies identified above as policy type	"O"
Explain any policies identified above as policy type	



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

	FOR THE STATE OF Maryland		
NAIC Group Code 1295		NAIC Company Code	80799
Address (City, State and Zip Code)) Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2016			Policies Issued in	2017, 2018, 2019)
										11	Incurred	Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums	l	Premiums	Covered	Premiums	l	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	IMS-PLAN C	С	No	0034000	08/19/1992				Celtic Med Supp	10,598	3,896	36.8	3			0.0	
	IMS-PLAN F	F	No	0034000	08/19/1992			······	Celtic Med Supp	8,147	22,560	276.9	2			0.0	
Yes	IMS-PLAN I (No Rx).		No	. 0034000 . 0034000 . 0034000	08/19/1992 08/19/1992 08/19/1992				Celtic Med Supp Celtic Med Supp	5,249	2,704	51.5	1			0.0	
0199999 To	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	3						23,994	29,159	121.5	6	0	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROU	P POLICIES	1					1	0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

	FOR THE STATE OF Massachusetts		
NAIC Group Code 1295		NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601	-	
Person Completing This Exhibit			
Title		Telephone Number	

Standardized Medicare Compliance Policy Form Supplement Medicare Character Date Approval Last Date Policy Marketing Trade Premiums 12 13 13 16	rred Claims 18 17 Percent of Premiums Covered Lives
Standardized Medicare Plan Date Date Percent of Number of	Percent of Number of Premiums Covered
Medicare Plan Date Date Percent of Number of	Premiums Covered
Compliance Policy Form Supplement Medicare Character- Date Approval Last Date Policy Marketing Trade Premiums Premiums Premiums Premiums Covered Premiums	Premiums Covered
Compliance Policy Form Supplement Medicare Character- Date Approval Last Date Policy Marketing Trade Premiums Premiums Covered Premiums	Premiums Covered
The Opper of the Control of the Cont	Earned Lives
with OBRA Number Benefit Plan Select istics Approved Withdrawn Amended Closed Name Earned Amount Earned Lives Earned Amount	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 0 0 0 0 0 0 0	0 0.0 0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES 0 0 0.0 0 0	0 0.0 0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Michigan		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit		
Title	Telephone Number	

1 1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016 Policies Issued in 2017, 2018, 2019							
]										11	Incurred	l Claims	14	15	Incurred	Claims	18
]											12	13			16	17	
]		Standardized															
]		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	IMS-PLAN F	F	No	0034000	08/19/1992				Celtic Med Supp	5,605	18,775	335.0	2			0.0	
	OTAL EXPERIENCE	CE ON INDIVI	DUAL POLICIES		007 107 1002		······		cortro mod capp	5,605	18.775	335.0	2	n	n	0.0	Λ
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020000 T	OTAL EXPERIENC	CE ON GROUP	P POLICIES	1			 			0	0	0.0	0	Λ	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Minnesota		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

Number Senefit Plan Select islics Approved Withdrawn Amended Closed Name Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed E	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2016		Policies Issued in 2017, 2018, 2019				
Standardized Policy Form Medicare Supplement Number of BRA Number of BRA Number of BRA Number of BRA Number of Select 1 sits 2 pate Approval Withdrawn Name Percent of Number of Permiums Select 1 sits 2 pate Name Percent of Number of Permiums Select 1 sits 2 pate Name Name Percent of Supplement Number of Permiums Select 1 sits 2 pate Name Name Name Name Name Name Name Nam											11		d Claims	14	15	Incurred	l Claims	18	
Amount Percent of Number of Permiums Covered Lives Permiums Covered Senter of Number of Permiums Covered Lives Permiums Covered Premiums Covered Cov												12	13			16	17		
Complete Policy Form Supplement Medicare Character Date Approval Last Approval Last Approval Last Approval Last Approval Closed Name Premiums Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Lives Earned Lives Li																			
Number Benefit Plan Select istics Approved Withdrawn Amended Closed Name Eamed Amount Eamed Lives Eamed Amount Eamed Lives Control																			
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Compliance	Policy Form	Supplement	Medicare			Approval			Policy Marketing Trade	Premiums								
	with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
	0199999 T	OTAL EXPERIENC	CE ON INDIVI	IDUAL POLICIES							0	0	0.0	0	0	0	0.0	0	
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	0200000 T	OTAL EXPEDIENT	CE ON GROU	ID DOI ICIES	1	+	+		•	4	Λ	0	0.0	0	Λ	0	0.0	^	

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number:	
Explain any policies identified above as policy type	"O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Mississippi		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017, 2018, 2019			
										11	Incurred	Claims	14	15	Incurred	l Claims	18
				l i							12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
With OBIG	TTUTTE	Donoile Fider	00,000	101100		VVILITATAVIT	7411011404	0.0000	ranie	Lamou	7 tillount	Lamoa	LIVOO	Lamou	7 tinount	Lamou	LIVOO
Yes.	IMS-PLAN C	C	No	0034000	08/19/1992 08/19/1992 08/19/1992 08/19/1992				Celtic Med Supp	17 , 305	6,964	40.2	4			0.0	
Yes	IMS-PLAN D	D	No	. 0034000	08/19/1992				Celtic Med Supp	48,727	379	0.8	10			0.0	
Yes	IMS-PLAN F	F	No	. 0034000 0034000	08/19/1992				Celtic Med Supp	6,305		758.9	1			0.0	
Yes	IMS-PLAN I		No	0034000	08/19/1992		<u> </u>		Celtic Med Supp Celtic Med Supp Celtic Med Supp.	0	1,259	0.0				0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES							72.337	56.444	78.0	15	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROUP	P POLICIES		-	-	·			0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Missouri		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit		
Title	Telephone Number	

	11	Incurred 12	Claims 13	14	15	Incurred	Claims	18
		12	13					
						16	17	
Standardized								
Medicare Plan Date Date			Percent of	Number of			Percent of	Number of
Compliance Policy Form Supplement Medicare Character- Date Approval Last Date Policy Marketing Trade P	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA Number Benefit Plan Select istics Approved Withdrawn Amended Closed Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
				_				
Yes. IMS-PLAN C	26,697	37,016	138.7	/			0.0	
	20,339	16,918	83.2	5			0.0	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES	47,035	53,934	114.7	12	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES	0	0	0.0	0	Λ	0	0.0	

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Montana		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· · ·	
Person Completing This Exhibit		
Title	Telephone Number	

Standardized Medicare Compliance Policy Form Supplement Medicare Character Date Approval Last Date Policy Marketing Trade Premiums 12 13 13 16	rred Claims 18 17 Percent of Premiums Covered Lives
Standardized Medicare Plan Date Date Percent of Number of	Percent of Number of Premiums Covered
Medicare Plan Date Date Percent of Number of	Premiums Covered
Compliance Policy Form Supplement Medicare Character- Date Approval Last Date Policy Marketing Trade Premiums Premiums Premiums Premiums Covered Premiums	Premiums Covered
Compliance Policy Form Supplement Medicare Character- Date Approval Last Date Policy Marketing Trade Premiums Premiums Covered Premiums	Premiums Covered
The Opper of the Control of the Cont	Earned Lives
with OBRA Number Benefit Plan Select istics Approved Withdrawn Amended Closed Name Earned Amount Earned Lives Earned Amount	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 0 0 0 0 0 0 0	0 0.0 0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES 0 0 0.0 0 0	0 0.0 0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number: 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Nebraska		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016		Policies Issued in 2017, 2018, 2019			
										11	Incurred	l Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
With OBIG	ramboi	Donoile Flair	001000	101100	7 tpp10 v C u	Withdrawii	7411011404	0.0000	ranie	Lamou	7 tillount	Lamou	LIVOO	Lamou	7 tillount	Lamou	LIVOO
Yes	IMS-PLAN A	Α	No	0034000	08/19/1992				Celtic Med Supp.	2,748	55	2.0	l1			0.0	
Yes	IMS-PLAN C	C	No	. 0034000	08/19/1992 08/19/1992				Celtic Med Supp	, , , , , , , , , , , , , , , , , , ,	4,721	0.0	0			0.0	
Yes	IMS-PLAN F	FF	No	. 0034000	08/19/1992				Celtic Med Supp Celtic Med Supp Celtic Med Supp	75,347	34,364	45.6	15			0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	;						78,095	39,140	50.1	16	0	0	0.0	0
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U299999 I	OTAL EXPERIENCE	CE ON GROU	PPOLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Nevada		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· -	
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued Through 2016				Policies Issued in 2017, 2018, 2019			
										11	Incurred		14	15		Claims	18	
											12	13			16	17	1	
		Standardized															1	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of	
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered	
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
	INO BLANCE		.,	0004000	00/40/4000				0.11. 11.10	0.704	505	00.0						
Yes	IMS-PLAN AIMS-PLAN F	A	No No	. 0034000	08/19/1992 08/19/1992			· · · · · · · · · · · · · · · · · · ·	Celtic Med Supp Celtic Med Supp	2,704	595	22.0	ļ			0.0		
					08/19/1992				Certic Med Supp	4,659	451	9.7	1			0.0		
0199999 1	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						7,363	1,047	14.2	2	0	0	0.0	0	
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES	•					•	0	0	0.0	0	0	0	0.0	0	

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016 Policies Issued in 2017, 2018, 2019						,	
										11	Incurred		14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						0	0	0.0	0	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	IP POLICIES			•			•	0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number:	
Explain any policies identified above as policy type	"O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF New Jersey		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016		Policies Issued in 2017, 2018, 2019			
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
											12	13			16	17	1
		Standardized]	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
		Donone i ian	00.000	101.00		***************************************	7			2404	7 1110 0111	2404	2.700	2011100	7		2.1700
Yes	IMS-PLAN B	В	No	. 0034000 . 0034000 . 0034000	08/19/1992 .08/19/1992 .08/19/1992 .08/19/1992		l		Celtic Med Supp	11,374	10,871	95.6	3			0.0	l
Yes	IMS-PLAN C	C	NoNo	. 0034000	08/19/1992		<u> </u>		Celtic Med Sunn	117,677	106 324	90.4	29 105			0.0	l
Yes	IMS-PLAN F	F	No	. 0034000	08/19/1992		<u> </u>		Celtic Med Supp Celtic Med Supp	222,483	262,283	117.9	105			0.0	l
Yes	IMS-PLAN I (No Rx).		No	0034000	08/19/1992		<u> </u>		Celtic Med Supp	209, 158	132.749	63.5	32			0.0	l
Yes	IMS-PLAN I (Rx)		No	. 0034000	08/19/1992				Celtic Med Supp.		45,330	0.0	9			0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES	1						560,693	557,558	99.4	178	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROUP	P POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF New Mexico		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued Through 2016)		
										11	11 Incurred Claims 14			15	Incurred	l Claims	18
											12	13			16	17	i '
		Standardized														i l	i '
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
Compliance with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	IMS-PLAN F	FF	No	. 0034000	08/19/1992				Celtic Med Supp Celtic Med Supp	42,742	21,711 6,363	50.8	12		ļ	0.0 .	
	IMS-PLAN I		No		08/19/1992				Celtic Med Supp	7,872	6,363	80.8	1				
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	;						50,615	28,074	55.5	13	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	. 0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF New York		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2016			Policies Issued in	2017, 2018, 2019	•
										11	Incurred	d Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0.100000 7		25 011 11 15 11 11	D. 141 BOLIOIEO													2.2	
0199999 10	OTAL EXPERIENC	JE ON INDIVI	DUAL POLICIES		1				1	0	0	0.0	0	0	0	0.0	0
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0299999 TO	OTAL EXPERIENCE	CE ON GROU	P POLICIES						•	0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF North Carolina		
	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued						
										11	Incurred	Claims	14	15	Incurred	d Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
		_															
Yes	IMS-PLAN C	<u>C</u>	No	. 0034000	08/19/1992 08/19/1992				Celtic Med Supp	9,704	2,863	29.5	2			0.0	
Yes	IMS-PLAN F		No	0034000	08/19/1992			· · · · · · · · · · · · · · · · · · ·	Celtic Med Supp Celtic Med Supp	23,658	9,720	41.1 12.3	5			0.0	
	IMS-PLAN I (No Rx).		No		08/ 19/ 1992				Certic Med Supp		546		I		^	0.0	^
0199999 1	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	, 						37,806	13,129	34.7	8	0	U	0.0	U
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0299999 T	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number:	
Explain any policies identified above as policy type	'O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF North Dakota		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2016			Policies Issued in	2017, 2018, 2019)
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized														_	1
	Dalla Francis	Medicare	NA . P	Plan	D.1.	Date	Date	D. L.	Bully Madager Tools	D		Percent of	Number of	B		Percent of	Number of
Compliance with OBRA	Policy Form	Supplement Benefit Plan	Medicare Select	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums	A	Premiums	Covered	Premiums	A 4	Premiums	Covered
WITH OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	IMS-PLAN F	F	No	. 0034000	08/19/1992				Celtic Med Supp	6,940	593	8.5	2			0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							6,940	593	8.5	2	0	0	0.0	0
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0200000 T	OTAL EXPERIENC		ID DOLICIES	4				•		Λ	0	0.0	0	Λ	0	0.0	
U299999 I	OTAL EXPERIENC	JE ON GROU	IL LOLICIES							U	1	0.0	ı U	1	1	0.0	1 0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

					FOR ⁻	THE STATE OF Northern N	fariana Islands		
NAIC C	Group Code 1295	5			 			NAIC Company Code	e 80799
Addres	s (City, State and		Chicago, IL 6	60601	 			. ,	
Person Title	Completing This	Exhibit						Telephone Number	
2	4	_	6	7	_	10	Policies Issued Through 2016		Policies Issued in 2017, 20

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2016			Policies Issued in	2017, 2018, 2019	•
										11	Incurred	d Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0.100000 7		25 251 1515 11	D. 141 BOLIOIEO													2.2	
0199999 10	OTAL EXPERIENC	JE ON INDIVI	DUAL POLICIES		1				1	0	0	0.0	0	0	0	0.0	0
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0299999 TO	OTAL EXPERIENC	CE ON GROU	P POLICIES						•	0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Ohio		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	, ,	
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued					2017, 2018, 2019)
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
		İ		l i							12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
WILLIODICA	Number	Deficit Fian	Jelect	131103	Approved	vvitilalawii	Amended	Ciosea	Name	Lameu	Amount	Lameu	LIVES	Lameu	Amount	Lameu	LIVES
Yes	IMS-PLAN C	C	No	. 0034000 . 0034000 . 0034000	08/19/1992 08/19/1992 08/19/1992		l		Celtic Med Supp	18,601	3,345 1,212	18.0	4			0.0	
Yes	IMS-PLAN D	DD.	No	. 0034000	08/19/1992		ll		Celtic Med Supp.	7.558	1,212	16.0	3			0.0	
Yes	IMS-PLAN F	F	NoNo	. 0034000	08/19/1992				Celtic Med Supp	26,927	18,413	68.4	8			0.0	
Yes	IMS-PLAN I (Rx)		No	0034000	08/19/1992		<u> </u>		Celtic Med Supp	10,729	723	6.7	11			0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							63.815	23,692	37.1	16	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES			•	•	•	_	0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Oklahoma		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016			Policies Issued in)
										11	Incurred		14	15		Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	IMS-PLAN F	F	No	0034000	08/19/1992				Celtic Med Supp	4,405	734	16.7	1			0.0	
	OTAL EXPERIENC	CE ON INDIVI								4,405	734	16.7	1	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Oregon		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2016			Policies Issued in)
										11	Incurred	l Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
Compliance with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 T	OTAL EXPERIEN	CE ON INDIVI	IDUAL POLICIES	3						0	0	0.0	0	0	0	0.0	0
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I 0299999 T	OTAL EXPERIENCE	CE ON GROU	JP POLICIES							0	0	0.0	0	I 0	0	0.0	1 0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number: 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		1
										11	Incurred	Claims	14	15	Incurred	l Claims	18
											12	13			16	17	i '
		Standardized														ı l	i '
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
																	1
Yes	IMS-PLAN B	В	No	. 0034000 . 0034000 . 0034000	08/19/1992 08/19/1992 08/19/1992				Celtic Med Supp Celtic Med Supp Celtic Med Supp	3,989 55,196	1,907 52,084	47.8	1			0.0	
Yes	IMS-PLAN C		No	. 0034000	08/19/1992				Celtic Med Supp	55 , 196	52,084	94.4	13		ļ	0.0	ļ
Yes	IMS-PLAN D	D	No	. 0034000	08/19/1992				Celtic Med Supp	8,079	1 , 209	15.0	2			0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	;						67,263	55,200	82.1	16	0	0	0.0	0
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0299999 T	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Puerto Rico		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

Number Senefit Plan Select islics Approved Withdrawn Amended Closed Name Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed Amount Eamed Lives Eamed E	1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2016		Policies Issued in 2017, 2018, 2019				
Standardized Policy Form Medicare Supplement Number of BRA Number of BRA Number of BRA Number of BRA Number of Select 1 sits 2 pate Approval Withdrawn Name Percent of Number of Permiums Select 1 sits 2 pate Name Percent of Number of Permiums Select 1 sits 2 pate Name Name Percent of Supplement Number of Permiums Select 1 sits 2 pate Name Name Name Name Name Name Name Nam											11		d Claims	14	15	Incurred	l Claims	18	
Amount Percent of Number of Permiums Covered Lives Permiums Covered Senter of Number of Permiums Covered Lives Permiums Covered Premiums Covered Cov												12	13			16	17		
Complete Policy Form Supplement Medicare Character Date Approval Last Approval Last Approval Last Approval Last Approval Closed Name Premiums Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Earned Lives Lives Earned Lives Li																			
Number Benefit Plan Select istics Approved Withdrawn Amended Closed Name Eamed Amount Eamed Lives Eamed Amount Eamed Lives Control																			
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	with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
	0199999 T	OTAL EXPERIENC	CE ON INDIVI	IDUAL POLICIES							0	0	0.0	0	0	0	0.0	0	
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	0200000 T	OTAL EXPEDIENT	CE ON GROU	ID DOI ICIES	1	+	+		•	4	Λ	0	0.0	0	Λ	0	0.0	^	

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number:	
4. Explain any policies identified above as policy type	"O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Rhode Island		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016		Policies Issued in 2017, 2018, 2019)
										11	Incurred		14	15		Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	IMS-PLAN C	C	No	. 0034000	08/19/1992				Celtic Med Supp	5,592	960	17.2	1			0.0	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	;					•	5,592	960	17.2	1	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES	-		<u> </u>	·			0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF South Carolina		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016		Policies Issued in 2017, 2018, 2019			
										11	Incurred		14	15		l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	INO BLUE		.,	0004000	00/40/4000				0.11: 11.10		4 050						
Yes	IMS-PLAN CIMS-PLAN F		No No	. 0034000	08/19/1992 08/19/1992			· · · · · · · · · · · · · · · · · · ·	Celtic Med Supp Celtic Med Supp		1,359	0.0 160.7				0.0	
Yes	IMS-PLAN F				08/19/1992				Certic Mea Supp	50,659			12			0.0	
0199999 1	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						50,659	82,756	163.4	12	0	0	0.0	0
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0200000 T	OTAL EXPERIEN	CE ON CROLL	D DOI ICIES	4		•	·····			0	0	0.0	0	Λ	0	0.0	Λ
0233331	OTAL LAFERIEN	CL ON GROU	FFULICIES							U	U	0.0	ı U	ı U	U	0.0	ı U

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number:	
Explain any policies identified above as policy type	"O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

	Group Code 1299						FOR THE STATE OF Sout				NAIC Company Co	de 80799			
											elephone Number				
3	4	5	6	7	8	9	10		Policies Issued	Through 2016			Policies Issued in	2017, 2018, 2019	ē
								11	Incurred	l Claims	14	15	Incurred	Claims	Γ
									12	13]		16	17	1

										11	Incurred Claims				Incurred Claims		18
											12	13			16	17	1
		Standardized Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved		Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
		_															
Yes	IMS-PLAN DIMS-PLAN F	D	NoNo	. 0034000	08/19/1992		····-		Celtic Med Supp Celtic Med Supp	5,077 40,149	28,171	0.0 70.2	1 1			0.0	·
	OTAL EXPERIENC	CE ON INDIVI			007 107 1002	J			ocitio mod oupp	45,225	28,171	62.3	8	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Tennessee		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016			Policies Issued in)
										11	Incurred		14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															
0	Delias Farms	Medicare	Madiana	Plan	Data	Date	Date	Dete	Dalias Madratina Tanda	Description		Percent of	Number of	Dan and and		Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
WILLIOBRA	Number	Benefit Plan	Select	ISUCS	Approved	withdrawn	Amended	Closed	Name	Earneu	Amount	Earneu	Lives	Eamed	Amount	Earneu	Lives
	IMS-PLAN F	F	No	. 0034000	08/19/1992				Celtic Med Supp	14,725	2,374	16.1	3			0.0	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	5						14,725	2,374	16.1	3	0	0	0.0	0
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0200000 T	OTAL EXPERIEN	CE ON GROU	D DOI ICIES			ļ				Λ	Λ	0.0	0	Λ	0	0.0	Λ
1 02999991	OTAL EXPERIENT	CL ON GROU	FFULICIES							U	ı	0.0	ı	1	ı U	0.0	

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

Addres	Group Code 129 ss (City, State and	Zip Code)					FOR THE STATE OF 1				IAIC Company Co	ode 80799		
Person Title	Completing This									-	elephone Numbe	r		
3	4	5	6	7	8	9	10		Policies Issued	Through 2016		F	Policies Issued in	2017, 20
								11	Incurred	l Claims	14	15	Incurred	d Claims
									12	13			16	1

Compliand with OBR	e Policy Form	Standardized Medicare Supplement Benefit Plan		Plan Character- istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Yes	IMS-PLAN A	AA.	No	0034000	08/19/1992				Celtic Med Supp	4,141	684	16.5	1			0.0	
Yes	IMS-PLAN CIMS-PLAN F		No	0034000	08/19/1992				Celtic Med Supp	6,465 147,767	1,513 87,480	23.4	1			0.0	
Yes	IMS-PLAN F	F	No	0034000 0034000 0034000	08/19/1992 08/19/1992 08/19/1992			· · · · · · · · · · · · · · · · · · ·	Celtic Med Supp Celtic Med Supp	147 ,767	87 , 480	59.2	31			0.0	
Yes	IMS-PLAN I (No Rx)		No	0034000	08/19/1992				Celtic Med Supp	17 , 168	352	2.0	1			0.0	
Yes	IMS-PLAN I (Rx)		NO	0034000	08/19/1992				Celtic Med Supp.		343	0.0	1			0.0	
019999	TOTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							175,541	90,372	51.5	35	0	0	0.0	0
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020000	TOTAL EXPERIEN		ID DOLICIES			·····				Λ	Λ	0.0	0	Λ	Λ	0.0	0
029999	TOTAL EXPERIENT	SE ON GROU	IF FULICIES							U	U	0.0	U	<u> </u>	U	0.0	U

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:

3.2 Contact Person and Phone Number: 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF U.S. Virgin Islands		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2016		Policies Issued in 2017, 2018, 2019					
										11	Incurred Claims			15	Incurred	Claims	18		
											12	13			16	17			
		Standardized																	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of		
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered		
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives		
0.100000 7		25 251 1515 11	D													2.2			
0199999 10	OTAL EXPERIENC	JE ON INDIVI	DUAL POLICIES		1				1	0	0	0.0	0	0	0	0.0	0		
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0299999 TO	OTAL EXPERIENC	CE ON GROU	P POLICIES						•	0	0	0.0	0	0	0	0.0	0		

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Utah		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016)		
										11			14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															
0	Dallas Farms	Medicare	Madiana	Plan	Data	Date	Date	Dete	Dalias Madaatiaa Taada	Description		Percent of	Number of	D		Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
WILLIOBRA	Number	Benefit Plan	Select	ISUCS	Approved	viilidiawii	Amended	Closed	Name	Eameu	Amount	Earned	Lives	Eameu	Amount	Earneu	Lives
	IMS-PLAN F	F	No	. 0034000	08/19/1992				Celtic Med Supp	9,878	19,138	193.7	2			0.0	
0199999 T	OTAL EXPERIEN	<u>CE ON INDIVI</u>	DUAL POLICIES	5						9,878	19,138	193.7	2	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES	4		<u> </u>				0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Vermont		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016					2017, 2018, 2019		
										11	Incurred		14	15	Incurred		18
											12	13			16	17	
		Standardized		DI.		D.1.	D.1.					D	N			D	N
Compliance	Daliau Farm	Medicare	Medicare	Plan Character-	Date	Date	Date Last	Date	Daliay Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Select	istics	Approved	Approval Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
WILLIODICA	Number	Deficill Flair	Ocieci	131103		viitidiawii	Amended	Ciosea	Ivanie	Lameu	Amount	Lameu	LIVES	Lamed	Amount	Lamed	LIVES
Yes	IMS-PLAN CIMS-PLAN D	C.	No	0034000	08/19/1992 08/19/1992				Celtic Med Supp	16,118	8,870	55.0	6			0.0	
		D	No	0034000	08/19/1992				Celtic Med Supp	2,266	637	28.1	1			0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							18,383	9,507	51.7	7	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES						_	0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Virginia		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		
										11	Incurred		14	15	Incurred	Claims	18
											12	13			16	17	i '
		Standardized														i l	i '
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance with OBRA	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
V	IMC DI ANI A		N-	0004000	00/40/4000				Caltia Mad Coma	4 075	007	40. 5	,				i '
YesYes	IMS-PLAN A	A	NoNo	. 0034000	08/ 19/ 1992			· · · · · · · · · · · · · · · · · · ·	Celtic Med Supp	1,375	667	48.5				0.0	
Yes	IMS-PLAN DIMS-PLAN F	F	No	0034000	06/19/1992 08/19/1992			· · · · · · · · · · · · · · · · · · ·	Celtic Med Supp	12,059 50,536	10,673 43,022		4 15			0.0	I
Yes	IMS-PLAN I	ĺ	No	. 0034000 . 0034000 . 0034000	08/19/1992 08/19/1992 08/19/1992 08/19/1992				Celtic Med Supp	10,092	112	1.1	1			0.0	1
	IMS-PLAN I (No Rx).		No	. 0034000	08/19/1992				Celtic Med Supp	,		0.0	1			0.0	ļ
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	3						74,062	54,475	73.6	22	0	0	0.0	0
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0200000 T	OTAL EXPERIENC		P POLICIES	4	• • • • • • • • • • • • • • • • • • • •	•	ļ			Λ	Λ	0.0	0	Λ	Λ	0.0	Λ
02333331	OTAL EXITERS	SE SIN GINOU	OLIGILG							U	U	0.0	U	0	0	0.0	, 0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Washington		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016					Policies Issued in		,
										11	Incurred		14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						0	0	0.0	0	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	IP POLICIES			•			•	0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

							FOR THE STATE OF Wes	t Virginia		
NAIC (Group Code 1295	· · · · · · · · · · · · · · · · · · · ·							NAIC Company Code	e 80799
Addres	s (City, State and	Zip Code)	Chicago, IL 6	0601						
Person	Completing This	Exhibit .								
Title									Telephone Number	
3	4	5	6	7	8	9	10	Policies Issued Through 2016		Policies Issued in 2017, 2018, 2019

1	2	3	4	5	6	/	8	9	10		Policies issued			_		2017, 2018, 2019	
						1				11	Incurred	l Claims	14	15	Incurred	Claims	18
											12	13	1		16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
Compliance with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved		Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	IMS-PLAN BIMS-PLAN C	В	No	0034000 0034000 0034000	08/19/1992 08/19/1992 08/19/1992				Celtic Med Supp Celtic Med Supp Celtic Med Supp	3,188	244	7.6	11			0.0	
Yes	IMS-PLAN C		No	0034000	08/19/1992				Celtic Med Supp	0	3,950 7,328	0.0	0			0.0	
Yes	IMS-PLAN F	FF	No		08/19/1992			· · · · · · · · · · · · · · · · · · ·	Celtic Med Supp	9,478		77.3	3			0.0	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	3						12,666	11,522	91.0	4	0	0	0.0	0
																	
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES	-			<u></u>			0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued	d Through 2016		Policies Issued in 2017, 2018, 2019				
										11	Incurred	d Claims	14	15	Incurred	Claims	18	
											12	13			16	17		
		Standardized																
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of	
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered	
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
0.100000 7		25 251 1515 11	D. 141 BOLIOIEO													2.2		
0199999 10	OTAL EXPERIENC	JE ON INDIVI	DUAL POLICIES		1				1	0	0	0.0	0	0	0	0.0	0	
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]														
0299999 TO	OTAL EXPERIENC	CE ON GROU	P POLICIES						•	0	0	0.0	0	0	0	0.0	0	

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.2 Contact Person and Phone Number:	
Explain any policies identified above as policy type	"O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019 (To Be Filed by March 1)

FOR THE STATE OF Wyoming		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10			Through 2016			Policies Issued in 2017, 2018, 2019		
										11	Incurred		14	15		Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	IMS-PLAN F	F	No	. 0034000	08/19/1992				Celtic Med Supp	5,017	674	13.4	1			0.0	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	3					•	5,017	674	13.4	1	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES				•			0	0	0.0	0	0	0	0.0	0

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"

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Schedule DB – Part C – Section 2	SI13
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LIFE SUPPLEMENTS

For The Year Ended December 31, 2019

(To Be Filed By March 1)

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Other dead	Tatal	lando estada l	Ordinani	Credit	0
Valuation Standard LIFE INSURANCE:	Total	Industrial	Ordinary	(Group and Individual)	Group
0100001. 80 CSO 4.5% CRVM CNF	272,194		272,194		
0100002. 80 CSO 4.0% CNF			າກຄ		
0100003. 58 CSO 3.5% CRF	3,226 18,618		3,226 		
0199997. Totals (Gross)	294,038	0	294,038	0	0
0199998. Reinsurance ceded	0				
0199999. Totals (Net)	294,038	0	294,038	0	0
ANNUITIES (excluding supplementary contracts with life					
contingencies): 0200001. 71 AM 6% Interest	2 870 070	XXX	2.879.079	xxx	
0200002. 71 AM 4% Interest	570,962	XXX		XXX	
0299997. Totals (Gross)	3,450,041	XXX	3,450,041	XXX	0
0299998. Reinsurance ceded	0	XXX		XXX	
0299999. Totals (Net)	3,450,041	XXX	3,450,041	XXX	0
SUPPLEMENTARY CONTRACTS WITH LIFE					
CONTINGENCIES: 0399997. Totals (Gross)	0	0	0	0	0
0399998. Reinsurance ceded	0		0	0	U
0399999. Totals (Net)	0	0	0	0	0
ACCIDENTAL DEATH BENEFITS:	·	<u> </u>	-		<u> </u>
0499997. Totals (Gross)	0	0	0	0	0
0499998. Reinsurance ceded	0				
0499999. Totals (Net)	0	0	0	0	0
DISABILITY-ACTIVE LIVES: 0500001. 52 DIS STUDY -PER 2 WITH 80 CS0 4% NB	24		24		
0599997. Totals (Gross)	24	0	24	0	Λ
0599998. Reinsurance ceded	24	0	24	0	0
0599999. Totals (Net)	0	0	0	0	0
DISABILITY-DISABLED LIVES:		·			
0699997. Totals (Gross)	0	0	0	0	0
0699998. Reinsurance ceded	0				
0699999. Totals (Net)	0	0	0	0	0
MISCELLANEOUS RESERVES: For surrender values in excess of reserves					
0700001. otherwise required and carried in this schedule	18,170		18,170		
0799997. Totals (Gross)	18,170	0	18,170	0	0
0799998. Reinsurance ceded	0				
0799999. Totals (Net)	18,170	0	18,170	0	0
9999999. Totals (Net)	3,762,249	0	3,762,249	0	0



EXHIBIT 5 - INTERROGATORIES

	Has the reporting entity ever issued both participating and non-participating contracts?	Ye	es []	No [Х]
2.1 2.2	Does the reporting entity at present issue both participating and non-participating contracts? If not, state which kind is issued:	Ye	es []	No [Х]
3.	Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?	Ye	es [)	(]	No []
4.	Has the reporting entity any assessment or stipulated premium contracts in force?	Υe	es [1	No [X]
	If so, state:		٠	•	٠	•
4.1	Amount of insurance:					
4.2	Amount of reserve:					
4.3	Basis of reserve:					
4.4	Basis of regular assessments:					
4.5	Basis of special assessments:					
4.6	Assessments collected during the year:\$					
5.	If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts:					
6.	Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?	Υє	es []	No [Хј
6.1	If so, state the amount or reserve on such contracts on the basis actually held:					
6.2	That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:\$\$\$\$					-
7.	Does the reporting entity have any Synthetic GIC contracts, or agreements in effect as of December 31 of the current year?	Ye	es [1	No [X 1
7.1	If yes, state the total dollar amount of assets covered by these contracts or agreements?					
	Specify the basis (fair value, amortized cost, etc.) for determining the amount:					
7.3	State the amount of reserves established for this business:					
7.4	Identify where the reserves are reported in the Blank:					
8.	Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?	Υe	es []	No [Х]
8.1	If yes, state the total dollar amount of account value covered by these contracts or agreements:					
8.2	State the amount of reserves established for this business:					
8.3	Identify where the reserves are reported in the blank:					
9.	Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?		es [-		-
	If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders\$					
	State the amount of reserves established for this business:					-
9.3	Identify where the reserves are reported in the blank:					

SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CELTIC INSURANCE COMPANY

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

		1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1.	Balance at the beginning of the year before		Contracts	7 mulico ocitani	Contracts	retunds	T unus
	reinsurance	0					
2.	Deposits received during the year	0					
3.	Investment earnings credited to the account	0					
4.	Other net change in reserves	0					
5.	Fees and other charges assessed	0					
6.	Surrender charges	0	\bigcap				
7.	Surrender charges Net surrender or withdrawal payments	0		<u> </u>			
8.	Other net transfers to or (from) Separate Accounts	0					
9.	Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8)	0	0	0	0	0	0
10.	Reinsurance balance at the beginning of the year	0					
11.	Net change in reinsurance assumed	0					
12.	Net change in reinsurance ceded	0					
13.	Reinsurance balance at the end of the year (Lines 10+11-12)	0	0	0	0	0	0
14.	Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

	Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year													
1	2	3	4	5	6	7	8	9	10	11	12	13		
NAIC			Name		Type of	Type of	Amount of			Reinsurance	Modified			
Company	ID	Effective	of	Domiciliary	Reinsurance		In Force			Payable on Paid	Coinsurance	Funds Withheld		
Code	Number	Date	Reinsured	Jurisdiction	Assumed	Assumed	at End of Year	Reserve	Premiums	and Unpaid Losses	Reserve	Under Coinsurance		
General Accou	unt – Non-Affilia	ates - U.S. Non-A	ffiliates											
67814	06-0493340	12/01/1976	NASSAU LIFE INS CO	NY	C0/I		ļ	436,461						
80926	06-0893662	12/01/19/0	ISUN LIFE & HLIH INS CO.	MI	CO/I			207,930				<u>-</u>		
			iliates - U.S. Non-Affiliates				0	644,390	0	0	0	0		
1099999 - I	Total - General A	Account - Non-ATT Account - Total Ge	iliates - Total Non-Affiliates				0	644,390 644,390	0		0	-		
2300000 - T	Total IIS (Sum o	of 0300000 080000	99, 149999 and 1999999)				0	644,390	0	Ů	0	1 0		
2000000 - 1	Total 0.3. (Suill C	00000000, 000000	505, 1400000 and 1000000)				-	044,000	U	0	0			
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9999999 T	Totals						0	644,390	0	0	0	0		

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

	•		surance Ceded Life Insurance, Annuities, Do	eposit Funds and	Other Liabilities wi	ithout Life or Disal								
1	2	3	4	5	6	(8	Reserve Cre		11		Surplus Relief	14	15
NAIC	ın			Daniellian.	Type of	Type of	A	9	10		12	13	Modified	Funds Withheld Under
Company Code	ID Number	Effective	Name of Company	Domiciliary Jurisdiction	Reinsurance Ceded	Business Ceded	Amount in Force	Current Year	Deian Vaan	Descri	O	Deine Vann	Coinsurance Reserve	
		Date Non Affiliat	tes - U.S. Non-Affiliates	Jurisaiction	Ceded	<u>Ceded</u>	at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
	42-0175020		ATHENE ANN & LIFE CO	I A		Ι 0	2,705,000	294,062	313,101	67,378			1	
61689	42-0175020	01/01/1996 01/01/1996	ATHENE ANN & LIFE CO	IAIA	0TH/ I	0I	1.364.017	294,002	ا 188	07,370				
68276	48 - 1024691	12/31/1980	EMPLOYERS REASSUR CORP	KS	COFW/I	1 OA	1,304,017	24	100				3,450,041	2,193,322
	06-0839705		SWISS RE LIFE & HLTH AMER INC	MO	OTH/ I	OL OL	11.250			87				
			Non-Affiliates - U.S. Non-Affiliates			1	4,080,267	294,086	313,289	67,465	0	0	3,450,041	2,193,322
			Non-Affiliates - Total Authorized Non-Affiliates				4.080.267	294.086	313,289	67,465	0	0	3,450,041	2,193,322
			Total General Account Authorized				4.080.267	294,086	313,289	67,465	0	0	3,450,041	2,193,322
3499999 -	General Accoun	t - Total General	Account Authorized, Unauthorized and Certified				4,080,267	294,086	313,289	67,465	0	0	3,450,041	2,193,322
6999999 -	Total U.S. (Sur	n of 0399999, 089	99999, 1499999, 1999999, 2599999, 3099999, 3799999	9, 4299999, 4899999,	5399999, 5999999 and	(1 6499999)	4,080,267	294,086	313,289	67,465	0	0	3,450,041	2,193,322
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			<u> </u>											
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				· · · · · · · · · · · · · · · · · · ·	1		1					İ		
9999999	Totals					•	4,080,267	294.086	313.289	67,465	0	0	3,450,041	2,193,322



DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	3,146	0	0	0	3 , 14
Annuity considerations	0	0	0	0	
Deposit-type contract funds	0	XXX	0	XXX	
Other considerations	0	0	0	0	
5. Totals (Sum of Lines 1 to 4)	3,146	0	0	0	3,14
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:	0				
6.1 Paid in cash or left on deposit	<u>U</u>	U	J	U	
6.2 Applied to pay renewal premiums				D	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period			<u>0</u>	Q	
6.4 Other		0	0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit		0	<u>0</u>	0	
7.2 Applied to provide paid-up annuities		0	<u>0</u>	0	
7.3 Other		0	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID	0	0			
9. Death benefits		U	D	Q	
10. Matured endowments		U	D	U	
11. Annuity benefits	20,000	<u>U</u>	D	U	20 , C
12. Surrender values and withdrawals for life contracts	0			U	
13. Aggregate write-ins for miscellaneous direct claims and	0	0	_		
benefits paid		J	h	h	
14. All other benefits, except accident and health	20.000	<u>0</u>			20.0
15. Totals	20,000	U	0	0	20,0
DETAILS OF WRITE-INS					
301					
302					
303					
398. Summary of remaining write-ins for Line 13 from overflow	0	0	0		
page		U		h	
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	C	Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	<u> </u> 0	0	0	0	0	0	<u></u> 0	0	0
17. Incurred during current										
year	0	<u> </u> 0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	J0	0	0	0	0	0	J0	0	0
18.2 By payment on										
compromised claims.		J0	J0	0	0	0	0	J0	0	L0
18.3 Totals paid	0	J0	 0	0	0	0	0	J0	J0	0
18.4 Reduction by										
compromise	0	J0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	J0	J0	0	0	ļ0	0	J0	0	0
18.6 Total settlements	0	J0	 0	0	0	ļ0	0	J0	 0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	10	235,000	0	0	0	0	0	0	10	235,000
21. Issued during year	0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0] 0	0	0	0	L0	0	. 0	0	L0
23. In force December 31				(a)						
of current year	10	235,000	0	0	0	0	0	0	10	235,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
		Larrieu	On Direct Business	Direct Losses Faid	incurreu
24. Group policies (b)	LD	LD	μΩ	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	L0	L0	L0	0	0
24.2 Credit (Group and Individual)	L0	L0	J0	0	0
24.3 Collectively renewable policies/certificates (b)		0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	L0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	<u>L0</u>	L0	l0	0	0
25.2 Guaranteed renewable (b)	90 , 427	105,369	٥	50,862	54,687
25.3 Non-renewable for stated reasons only (b)	0	0	J0	0	0
25.4 Other accident only	L0	0	<u></u> 0	Ω	0
25.5 All other (b).	L0	L0	J0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	L90 , 427	105,369	J0	50 , 862	54,687
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	90,427	105,369	0	50,862	54,687

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2019

/ work					DONING THE	12/11 2010
NAIC Group Code 1295		LIFE	INSURANC	CE	NAIC Company	Code 80799
DIRECT PREMIUMS		1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS		Ordinary	and Individual)	Group	Industrial	Total
Life insurance		0]0	0	0	0
Annuity considerations		0	J0	0	0	0
Deposit-type contract funds		0	XXX	0	XXX	0
Other considerations		0	0	0	0	0
Totals (Sum of Lines 1 to 4)		0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS	S TO MEMBERS					
Life insurance:						
6.1 Paid in cash or left on deposit		0	J0	0	0	0
6.2 Applied to pay renewal premiums		0	J0	0	0	0
6.3 Applied to provide paid-up additions or	shorten the					
endowment or premium paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)		0	<u> </u> 0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	<u> </u> 0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)		0	l0	0	0 l	0
8. Grand Totals (Lines 6.5 + 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS	PAID					
9. Death benefits		0	l0	0	0	0
10. Matured endowments			0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life or		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct						
benefits paid		0	0	0	0	0
14. All other benefits, except accident and heal	th	0	0	0	0	0
15. Totals		0	0	0	0	0
DETAILS OF WRITE-INS			,	Ů		
1301						
1302.						
1303.						
1398. Summary of remaining write-ins for Line 13	from overflow	0	0	0	0	0
page	40	0	J	J		
1399. Total (Lines 1301 through 1303 + 1398) (Li	ne 13 above)	U	<u> </u>	U	0	0

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	<u> </u> 0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	l0	0	0
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by			1							
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	L0	0	0	0	0	L0	0	 0	0	L0
21. Issued during year		0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
		l	Paid, Refunds to		l <u>-</u>
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	J0	J0	0	J0
24.1 Federal Employees Health Benefits Plan premium (b)	L0	J0	0	0	0
24.2 Credit (Group and Individual)	L0	 0	J0	0	J0
24.3 Collectively renewable policies/certificates (b)	L0	J0	J0	0	J0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u>0</u>	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	٥	٥	0	0	l0
25.2 Guaranteed renewable (b)	3,898		l0	481	486
25.3 Non-renewable for stated reasons only (b)			<u></u> 0	0	<u></u> 0
25.4 Other accident only	L0	0	<u></u> 0	0	<u></u> 0
25.5 All other (b)	L0	0	<u>0</u>	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	3,898	3,898	0	481	486
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,898	3,898	0	481	486

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance	587	0	0	0	5		
Annuity considerations	0	L0 L	0	0			
Deposit-type contract funds	0	XXX	0	XXX			
Other considerations	0	L0 L	0	0			
5. Totals (Sum of Lines 1 to 4)	587	0	0	0	5		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS							
Life insurance:							
6.1 Paid in cash or left on deposit	0	0	0	0			
6.2 Applied to pay renewal premiums	0	ļ0 ļ	D	0			
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period	0	L	0	0			
6.4 Other	Ω	L0 <u>L</u>	0	0			
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit	0	L0 L	0	0			
7.2 Applied to provide paid-up annuities	0	L0 L	0	0			
7.3 Other		L0 L	0	0			
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits	Ω	L0 L	0	0			
10. Matured endowments	0	L0 L	0				
11. Annuity benefits	0	L0 L	0	0 			
12. Surrender values and withdrawals for life contracts	0	0	0	0			
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	L0 L	0	0			
14. All other benefits, except accident and health	0	L0 L	0	0			
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
301							
302.							
303.							
398. Summary of remaining write-ins for Line 13 from overflow							
page	0	[0 [0	0 			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	l0	0	L0
18.2 By payment on										
compromised claims.	0	0	0	0	0	ļ0	0	J0	0	0
18.3 Totals paid	0	0	0	0	0	ļ0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	l0	0	۵	0	0
18.6 Total settlements	0	0	0	0	0	l0	0	. 0	0	۵
19. Unpaid Dec. 31, current										
year (Lines 16+17-									l .	_
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year		70,000	0	0	0	0	0	 _0	2	70,000
21. Issued during year	0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	ļ(1)	(50,000)	0	0	0	L0	0	. 0	[(1)	(50,000)
23. In force December 31				(a)						l
of current year	1	20,000	0	0	0	0	0	0	1	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	J0	J0	0	
24.1 Federal Employees Health Benefits Plan premium (b)	<u>.</u> 0	J0	J0	0	
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0 I
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	<u> </u> 0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	5,656	4,289	0	1,423	1,033
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0 l
25.4 Other accident only	0	0	0	0	0 l
25.5 All other (b)	<u>L</u> 0	0	<u> </u> 0	0	L0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,656	4,289	<u> </u> 0	1,423	1,033
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,656	4,289	0	1,423	1,033

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2019

7 tilletious				BOTAIN THE	12/11(=0.0
NAIC Group Code 1295	LIFE	INSURANC	CE	NAIC Company	y Code 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance		ļ0	0	0	5,913
Annuity considerations		ļ0	0	0	0
Deposit-type contract funds		XXX	0	XXX	0
Other considerations		J0	0	0	0
5. Totals (Sum of Lines 1 to 4)	5,913	0	0	0	5,913
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Life insurance:					
6.1 Paid in cash or left on deposit		0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0
Applied to provide paid-up additions or shorten the endowment or premium paying period		0	0	0	0
6.4 Other		0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)		0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	L0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
Death benefits		٥	0	0	0
10. Matured endowments		<u></u> 0	٥	0	0
11. Annuity benefits	24,000	<u></u> 0	٥	0	24,000
12. Surrender values and withdrawals for life contracts		J0	0	0	0
 Aggregate write-ins for miscellaneous direct claims and 					
benefits paid		0	0	0	0
14. All other benefits, except accident and health		0	0	0	0
15. Totals	24,000	0	0	0	24,000
DETAILS OF WRITE-INS					
1301					
1302					
1303					
1398. Summary of remaining write-ins for Line 13 from overflow					
page		J0	0		0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	<u></u> 0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	٥0	0	0	0	L0	0	0	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	٥	0	0	0	٥	0	0	0	0
18.6 Total settlements	0	٥	0	0	0	٥	0	0	0	٥
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	L1	50,000	0	0	0	L0	0	l0	Ĺ1	50,000
21. Issued during year		0	0	0	0	L0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	L0	0	 0	0	L0
23. In force December 31				(a)						
of current year	1	50,000	0	0	0	0	0	0	1	50,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

			J. W 11.1 —		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	Ω
24.1 Federal Employees Health Benefits Plan premium (b)	L0	0	J0	0	
24.2 Credit (Group and Individual)	<u> </u>	L	J0	0	0
24.3 Collectively renewable policies/certificates (b)	<u></u> 0	0	J0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	٥	0	0	٥	0
25.2 Guaranteed renewable (b)	<u></u> 0	0	<u> </u> 0	٥	
25.3 Non-renewable for stated reasons only (b)	0	0	<u> </u> 0	٥	
25.4 Other accident only	0	0	<u> </u> 0	٥	
25.5 All other (b)	1	. 383,498,577	<u></u> 0	154,068,307	154,329,539
25.6 Totals (sum of Lines 25.1 to 25.5)	383,498,577	383,498,577	0	154,068,307	154,329,539
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		383,498,577	0	154,068,307	154,329,539

indemnity only products



DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2019

SINCE OF BOSINESS IN THE STATE OF Camornia				DURING THE TE	.AIX 2010
NAIC Group Code 1295	LIFE	INSURANC	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	407	0	0	0	40
Annuity considerations	0	0	0	0	
		ХХХ	0	XXX	
Other considerations	0	0	0	0	
5. Totals (Sum of Lines 1 to 4)	407	0	0	0	40
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	
6.2 Applied to pay renewal premiums		0	0	0	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	0	0	0	
6.4 Other	0	0	0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)		0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	
7.2 Applied to provide paid-up annuities	0	0	0	0	
7.3 Other	0	0	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID	<u> </u>		,		
9. Death benefits	0	0	0	0	
10. Matured endowments		0	0	0	
11. Annuity benefits	108,050	0	0	0	108,05
12. Surrender values and withdrawals for life contracts	0	0	0	0	
13. Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health	0	0	0	0	
15. Totals	108,050	0	0	0	108,05
DETAILS OF WRITE-INS					
1301					
1302					
303.					
398. Summary of remaining write-ins for Line 13 from overflow					
	0	0	Q 	0	
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

				edit Life		_				
		rdinary		and Individual)		Group		dustrial		Total
DIRECT DEATH	1	2	. 3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS	No. of Pols.		No. of Ind. Pols. &				No. of Pols.		No. of Pols.	
INCURRED	& Certifs.	Amount	Gr. Certifs.	Amount	No. of Certifs.	Amount	& Certifs.	Amount	& Certifs.	Amount
16. Unpaid December 31,							0. 0.0.0.0.			
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	0	0	۵	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	ļ0	0	<u> </u> 0
18.3 Totals paid	0	0	0	0	0	0	0	J0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	<u>0</u>	0	L0
18.5 Amount rejected	L0	L	0	0	0	0	0	ļ0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	J0	 0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-	0	٨	0	0	_	0	0	_	0	٥
18.6)	U	0	0	0	0	U	U	0	0	U
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	0	0	0	0	L0
21. Issued during year	0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	J0	0	l0
23. In force December 31				(a)	_	_	_			
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ lncludes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1				
	1	2] 3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
1.24.1 Endoral Employees Health Denofite Dlan promium (h)	1 (1	1 ()	0	0	0
24.1 Federal Employees Health Berletits Flan premium (b)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	<u>L</u> U	L U	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u>0</u>	J0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	13,281	13,281	0	1,307	2,290
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.5 All other (b)	13,281	13,281	J0	1,307	2,290
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,281	13,281	0	1,307	2,290

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 2,23



DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2019

IAIC Group Code 1295	LIFE INSURANCE NAIC Company Code 80799								
	1	2	3	4	5				
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total				
Life insurance	398	0	0	0	39				
Annuity considerations	0	0	0	0					
Deposit-type contract funds	0	XXX	0	XXX					
Other considerations	0	0	0	0					
5. Totals (Sum of Lines 1 to 4)	398	0	0	0	3				
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1 Paid in cash or left on deposit	0	0	0	0					
6.2 Applied to pay renewal premiums	0	l0 l	0	0					
6.3 Applied to provide paid-up additions or shorten the				.					
endowment or premium paying period	0	l0 l	0	0					
6.4 Other		l0 l	0	0					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	l0 l	0	0 L					
Annuities:			i						
7.1 Paid in cash or left on deposit	0	L0 L.	0 L	0 L					
	0	L0 L.	0 L	0 L					
7.3 Other	0	0	0	0					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	l0 l	0	0					
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0					
DIRECT CLAIMS AND BENEFITS PAID									
	0	l0 l.	0	0 L					
10. Matured endowments	0	l0 l	0	0 L					
11. Annuity benefits	0	l0 l	0	0 L					
	0	l0 l	0 L	0 L					
13. Aggregate write-ins for miscellaneous direct claims and									
benefits paid	0	L0 L	0	0					
14. All other benefits, except accident and health	0	0	0	0					
15. Totals	0	0	0	0					
DETAILS OF WRITE-INS									
301.									
302.									
303.									
398. Summary of remaining write-ins for Line 13 from overflow				İ					
,	0	[0							
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0					

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	٥	0	0	0	0	0	l0	0	0
18.2 By payment on										
compromised claims	0	٥	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	J0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	l0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	L0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	L0	0	0	0	L0
21. Issued during year	L0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	 0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Delieusbelder Dividende	4	5
			Policyholder Dividends Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	<u></u>	0	0 l	٥	
24.2 Credit (Group and Individual)	0	L0	0	0	L0
24.3 Collectively renewable policies/certificates (b)	<u></u>	L0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	L0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	L0	٥	0	٥	0
25.2 Guaranteed renewable (b)	4,578	4 , 451		663	780
25.3 Non-renewable for stated reasons only (b)	L0	J0	0	0	[
25.4 Other accident only	L0	J0	0	0	[
25.5 All other (b)	<u> </u>	J0	0	0	J0
25.6 Totals (sum of Lines 25.1 to 25.5)	4,578	4,451	0	663	780
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,578	4,451	0	663	780

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2019

IAIC Group Code 1295	LIFE	INSURANC	Έ	NAIC Company Code 80799		
	1	2	3	4	5	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	
Life insurance	1,854	0	0	0	1.854	
Annuity considerations		L0 L.	0 L	0 L		
Deposit-type contract funds		XXX	0	XXX		
Other considerations	0	0	0	0		
5. Totals (Sum of Lines 1 to 4)	1.854	0	0	0	1.8	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					, -	
Life insurance:						
6.1 Paid in cash or left on deposit	l0	L0 L.	0 L	0 L		
6.2 Applied to pay renewal premiums		L 0 L.	0 L	0 L		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	0	L 0 L.	0 L	0 L		
6.4 Other		0	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	0	0	0	0		
7.2 Applied to provide paid-up annuities		0	0	0		
7.3 Other		0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID	-	, i				
Death benefits 9. Death benefits	0	0	0	0		
10. Matured endowments		i i	o	n		
11. Annuity benefits		i	o	n		
12. Surrender values and withdrawals for life contracts.		i	o	n		
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
14. All other benefits, except accident and health		0	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS		Ť	<u> </u>	<u> </u>		
1301.						
1302.						
303.						
1398. Summary of remaining write-ins for Line 13 from overflow						
page		0	0	0		
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	n i	n l	0		
1000 (Line to above)		·				

	0	rdinary		edit Life and Individual)		Group	In	dustrial	Total		
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10	
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount	
16. Unpaid December 31,											
prior year	0	0	0	0	0	0	0	0	0	0	
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0	
Settled during current year:											
18.1 By payment in full	0	0	0	0	0	L0	0	L0	0	0	
18.2 By payment on											
compromised claims.	0	0	0	0	0	0	0	0	0	0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0	
18.4 Reduction by											
compromise	0	0	0	0	0	0	0	0	0	0	
18.5 Amount rejected	0	0	0	0	0	0	0	۵	0	0	
18.6 Total settlements	0	0	0	0	0	٥	0	٥	0	0	
19. Unpaid Dec. 31, current											
year (Lines 16+17-		•									
18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Policies						
20. In force December 31,				(a)							
prior year	4	100,000	0	0	0	0	0	٥	4	100,000	
21. Issued during year	0	0	0	0	0	0	0	J0	0	0	
22. Other changes to in force								_	.		
(Net)	0	0	0	0	0	ļ0	0	ļ0	0	0	
23. In force December 31	,			(a)	_			_	,	400.000	
of current year	4	100,000	0	0	0	0	0	1 0	4	100,000	
(a) Includes Individual Credit L				cu							
Includes Group Credit Life Loans greater than 60 mon								rent year \$: vear \$			

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Delieusbelder Dividende	4	5
			Policyholder Dividends Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	L0	J0	0	0	0
24.2 Credit (Group and Individual)	L0	<u></u> 0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	J0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u>0</u>	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	٥	٥	0	0	0
25.2 Guaranteed renewable (b)	132,826	155,848	0	147 , 313	144 , 744
25.3 Non-renewable for stated reasons only (b)	L0	J0	0	0	0
25.4 Other accident only	0	J0	0	0	0
25.5 All other (b)	L0	L0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)			0	147 , 313	144 , 744
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	132,826	155,848	0	147,313	144,744



DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	NAIC Company Code 80799			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	924	0	0	0	92	
Annuity considerations	0	0	0	0		
Deposit-type contract funds		ХХХ	0	ХХХ		
Other considerations	0	0	0			
5. Totals (Sum of Lines 1 to 4)	924	0	0	0	9:	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0		0	0		
6.2 Applied to pay renewal premiums				D		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	U			<u>0</u>		
6.4 Other				<u>0</u>		
6.5 Totals (sum of Lines 6.1 to 6.4)	0			Q 		
Annuities:						
7.1 Paid in cash or left on deposit		<u>U</u>		<u>0</u>		
7.2 Applied to provide paid-up annuities		<u>U</u>		<u>0</u>		
7.3 Other				<u>0</u>		
7.4 Totals (sum of Lines 7.1 to 7.3)	D		۵ ا	<u>0</u>		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits			Q	<u>0</u>		
10. Matured endowments				D		
11. Annuity benefits	10,000	<u> </u>	U J	D	10,0	
12. Surrender values and withdrawals for life contracts	0					
13. Aggregate write-ins for miscellaneous direct claims and	0	0		0		
benefits paid		^U	J	h		
14. All other benefits, except accident and health	10.000		J	h	10.0	
15. Totals	10,000	U	0	- 0	10,0	
DETAILS OF WRITE-INS						
301						
302						
303.						
398. Summary of remaining write-ins for Line 13 from overflow	م ا		_	_		
page			h	h		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	U	U	0	0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	<u>0</u>	0	0	0	0	0	<u></u> 0	0	0
17 Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by			1							
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,]			(a)						
prior year	2	30,000	0	0	0	L0	0	 0	2	30,000
21. Issued during year	0	0	0	0	0	L0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	٥	0	0	0	L0
23. In force December 31				(a)						
of current year	2	30,000	0	0	0	0	0	0	2	30,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINS	JRANCE		
	1	2	33	4	5
			Policyholder Dividends		
		Direct Premiums	Paid, Refunds to Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)		L 0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	19,027	17 , 414	0	2,608	2,264
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	<u></u> 0	0	0
25.5 All other (b)	0	0	0	0	0
25.5 All other (b)		17 , 414	0	2,608	2,264
26 Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	19 027		1 0	2 608	2 264

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 19,027 17,414 0 2,608 2,26 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under under persons insured under persons indemnity only products



DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	0	0	0	0		
Annuity considerations	0	0	0	0		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0	0	0	0		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	J0 J	0	0		
6.2 Applied to pay renewal premiums	ļ0	0	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	0	J0 J		D		
6.4 Other	0	J0 J	0			
6.5 Totals (sum of Lines 6.1 to 6.4)	0	J0 J	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	0	J0 J	0	0		
7.2 Applied to provide paid-up annuities		J0 J	0	0		
7.3 Other		J0 J	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	٥	J0 J		D		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	ļ0	0	0	0		
10. Matured endowments		ļ0 <u> </u>	0	0		
11. Annuity benefits	ļ0	ļ0 <u> </u>	0	0		
12. Surrender values and withdrawals for life contracts	0	J0 J	0			
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	<u>0</u>	0	0		
14. All other benefits, except accident and health	0	ļ0 ļ	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
302						
303						
398. Summary of remaining write-ins for Line 13 from overflow			_	_		
page	ļ0	J 0	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

		Cr	edit Life						
0	rdinary	(Group a	and Individual)		Group	In	dustrial		Total
1	2	3	4	5	6	7	8	9	10
	Amount		Amount	No. of Cortife	Amount		Amount		Amount
a ocitiis.	Amount	Or. Octuis.	Amount	NO. OF OCITIES.	Amount	d Octus.	Amount	a ocitiis.	Amount
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	L0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	L0	0	L0
0	0	0	0	0	0	0	0	0	0
0	U		0	0	0	0	٥	0	0
0	0	0	0	0	0	0	۵	0	0
				_	_				
0	0	0	0	0	0	0	0	0	0
				No. of Policies					
			(a)						
0	0	0	0	0	0	0	0	0	0
0		0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	L0	0	0
			(a)						
	0	0	0	0	0	0	0	0	0
	1 No. of Pols. & Certifs.	No. of Pols. & Amount	Ordinary (Group at a street of the conten	1 2 3 4 No. of Pols. & Amount Ind. Pols. & Amount	Ordinary Group and Individual) 1	Ordinary	Ordinary (Group and Individual) Group In 1 2 3 4 5 6 7 No. of Pols. & Certifs. Amount No. of Certifs. Amount No. of Pols. & Certifs. Amount No. of Pols. & Certifs. No. of Pols. & Certifs. Amount No. of Pols. & Certifs. No. of Pols. &	Ordinary (Group and Individual) Group Industrial 1 2 3 4 5 6 7 8 No. of Polls. & Certifs. Amount No. of Polls. & Certifs. Amount No. of Polls. & Certifs. Amount	Cordinary Coronard Individual Coronard

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b).	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	<u> </u> 0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	J0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0]0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)		0]0	0	J0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0]0	0	<u> </u> 0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2019

	I lollad				DONING THE	12/11 2010		
NAIC Group Co	de 1295	LIFE	INSURANC	CE	NAIC Company	NAIC Company Code 80799		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
	urance	2,276	J	0	0	2,276		
	considerations	0	L	0	0	0		
	t-type contract funds	0	XXX	0	XXX	0		
	onsiderations	0	0	0	0	0		
	Sum of Lines 1 to 4)	2,276	0	0	0	2,276		
DIRECT DIVID	DENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS							
	d in cash or left on deposit	0	0	0	0	0		
	blied to pay renewal premiums	0	0	0	0	 N		
	blied to provide paid-up additions or shorten the							
0.5 App	dowment or premium paying period	0	0	0	0	0		
6.4 Oth	er	0	0	0	0	0		
6.1 Out	als (sum of Lines 6.1 to 6.4)	0	0	0	0	0		
Annuiti								
7 1 Pai	d in cash or left on deposit	0	0	0	0	0		
7.11 an	blied to provide paid-up annuities	0	0	0	0	0		
7.3 Oth	er	0	0	0	0	0		
7.4 Tota	als (sum of Lines 7.1 to 7.3)	0	0	0	0	0		
	Totals (Lines 6.5 + 7.4)	0	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID	-	-	-	-			
9. Death b	penefits	0	0	0	0	0		
	d endowments		0	0	0	0		
	benefits	0	0	0	0	0		
	der values and withdrawals for life contracts	0	L0	0	0	0		
13. Aggreg	ate write-ins for miscellaneous direct claims and							
benefits	s paid	0	0	0	0	0		
14. All othe	r benefits, except accident and health	0	0	0	0	0		
15. Totals		0	0	0	0	0		
DETAILS	S OF WRITE-INS							
1301								
1302								
1303								
1398. Summa	rry of remaining write-ins for Line 13 from overflow	0	0	0	0	0		
	ines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0		
		Ů		- J	Ů			

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	<u></u> 0	0	0
17 Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	٥	0	0	0	l0	0	l0	0	٥
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	L0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	L6	450,000	0	0	0	0	0	0	6	450,000
21. Issued during year		0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	0	0	L0
23. In force December 31				(a)						
of current year	6	450,000	0	0	0	0	0	0	6	450,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	
24.2 Credit (Group and Individual)	0	J0]0	0	0
24.3 Collectively renewable policies/certificates (b)	0	J0	J0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u>0</u>	J0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	٥	0	0	
25.2 Guaranteed renewable (b)	3,735,169	4 , 340 , 212	0	3,327,642	3,369,097
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	
25.4 Other accident only	0	0	0	0	
25.5 All other (b)	2,810,666,656	2,810,061,614	0	1, 125, 719, 402	1 , 127 , 628 , 129
25.2 Guaranteed renewable (b)	2,814,401,825	2,814,401,825	0	1, 129, 047, 045	1,130,997,227
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,814,401,825	2,814,401,825	0	1,129,047,045	1,130,997,227

indemnity only products



DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	0	0	0	0		
Annuity considerations	0	L0 L	0	0		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0	J0 J	0	0		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		ļ0 <u>ļ</u>	0	0		
6.2 Applied to pay renewal premiums	0	ļ0 ļ	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	J0	ļ0 ļ	0	0		
6.4 Other	0	J0 J	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 <u>ļ</u>	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	. 0	ļ0 <u>ļ</u>	0	0		
7.2 Applied to provide paid-up annuities		J0 J	0	0		
7.3 Other	0	0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 <u> </u>	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	ļ0 ļ	0			
10. Matured endowments	0	ļ0 ļ	0			
11. Annuity benefits	0	0	0			
12. Surrender values and withdrawals for life contracts	0	0	0	0 		
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	L0 L	0	0		
14. All other benefits, except accident and health		L0 L	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
302						
303						
398. Summary of remaining write-ins for Line 13 from overflow						
page	0	[0 L	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	٥	0	0	0	0	0	l0	0	0
18.2 By payment on										
compromised claims	0	٥	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	J0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	l0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	L0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	L0	0	0	0	L0
21. Issued during year	L0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	 0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2] 3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	J0]0	J0	0
24.2 Credit (Group and Individual)	0	J0]0	0	0
24.3 Collectively renewable policies/certificates (b)	0	J0]0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u></u> 0	J0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	٥	0	0	0
25.2 Guaranteed renewable (b)	233,934	286,479	0	224 , 108	234,525
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	L0	L0	0	0	0
25.5 All other (b)	0	0	0	0	0 l
25.5 All other (b)	233,934	286,479	0	224 , 108	234,525
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	233,934	286,479	0	224,108	234,525

indemnity only products



DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	0	0	0	0		
Annuity considerations	0	0	0	0		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0	[0].	0	0		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBER	s					
Life insurance:						
6.1 Paid in cash or left on deposit		J 0 J.	0	0		
6.2 Applied to pay renewal premiums	0	0				
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other		J0 J.				
6.5 Totals (sum of Lines 6.1 to 6.4)		J0 J.	0			
Annuities:						
7.1 Paid in cash or left on deposit	0	J0 J.	0	0		
7.2 Applied to provide paid-up annuities	0	J0 J.	0	0		
7.3 Other]0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0 .				
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits		J 0 J.				
10. Matured endowments		J0 J.				
11. Annuity benefits		0 .	0	0		
12. Surrender values and withdrawals for life contracts	0	[0 <u>[</u> .	0	0		
13. Aggregate write-ins for miscellaneous direct claims and				.		
benefits paid	0]0].	0	0		
14. All other benefits, except accident and health		J 0 J.	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
302.						
303.						
398. Summary of remaining write-ins for Line 13 from overflow						
page		ļ0 ļ.	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	٥	0	0	0	0	0	l0	0	0
18.2 By payment on										
compromised claims	0	٥	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	J0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	l0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	L0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	L0	0	0	0	L0
21. Issued during year	L0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	 0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b).	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	<u> </u> 0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	J0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0]0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)		0]0	0	J0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0]0	0	<u> </u> 0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2019

C Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1. Life insurance	0	<u>0</u>	<u>0</u>	<u>0</u>	
2. Annuity considerations	0	⁰	<u>0</u>		
	0	XXX	Q	XXX	
4. Other considerations	0	ļ0 <u> </u>	0	0	
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
IRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Life insurance:					
6.1 Paid in cash or left on deposit	0	J0 J	0	0	
6.2 Applied to pay renewal premiums	0	J0 J	0	0	
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0		0	0	
6.4 Other	0	0	0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
7.1 Paid in cash or left on deposit	0	0	0	0	
7.2 Applied to provide paid-up annuities	0	0	0	0	
7.3 Other	0	0	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	
Matured endowments	0	0	0	0	
Annuity benefits	0	l0 l	0	0 L	
Surrender values and withdrawals for life contracts	0	l0 l	0 L	0 L	
Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	
All other benefits, except accident and health	0	0	0	0 L	
5. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
2.		 			
		<u> </u>			
3					
8. Summary of remaining write-ins for Line 13 from overflow	Λ.		_	_	
	0	J	h	h	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

			l Cr	edit Life			1			
1	0	rdinary		and Individual)	(Group	In	dustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED			No. of							
ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
	& Certiis.	Amount	Gr. Ceruis.	Amount	No. of Certifs.	Amount	& Ceruis.	Amount	& Certiis.	Amount
16. Unpaid December 31, prior year	٥	0	0	0	٥	0	١	١	٥	l n
17. Incurred during current			0	0		0	0		0	
year	٥	0	0	0	0	0	٥	٥	٥	٥
Settled during current						0				
vear:										
	0	0	0	0	0	0	0	0	0	0
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected L.	0	0	0	0	0	0	0	٥	0	L0
18.6 Total settlements	0	0	0	0	0	0	0	Δ	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0 l	0 l	0	0	l0 l	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDEI	NI AND HE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	J0	0	l0
Group policies (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	<u>[</u> 0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	<u> </u> 0
25.2 Guaranteed renewable (b)	0	0	<u> </u> 0	0	L0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only		0	0	0	l0
25.5 All other (b)		0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	<u> </u> 0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1	1	1	0	l n

indemnity only products



DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2019

DIINEO	I BUSINESS IN THE STATE OF IIIIIIOIS				DURING THE YE	EAR ZUIS
NAIC (Group Code 1295	LIFE	INSURANC	E	NAIC Company	Code 80799
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance	5,296	0	0	0	5 , 296
	Annuity considerations	0	0	0	0	0
	Deposit-type contract funds	0	XXX		ХХХ	0
4.	Other considerations	0	0		0	0
	Totals (Sum of Lines 1 to 4)	5,296	0	0	0	5,296
DIR	ECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Life insurance:					
	6.1 Paid in cash or left on deposit	0	0	0	0	0
	6.2 Applied to pay renewal premiums		0	0	n I	0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period	0	0	0	0	0
	6.4 Other	0	0	0	0	0
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0		0
	Annuities:					
	7.1 Paid in cash or left on deposit	0	0	0	0 L.	0
	7.2 Applied to provide paid-up annuities	0	0	0	0 L	0
	7.3 Other	0	0	0	0	0
	7.4 Totals (sum of Lines 7.1 to 7.3)	0 l	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits		0		0	0
	Matured endowments		0	0		0
	Annuity benefits	0	0	0		0
	Surrender values and withdrawals for life contracts	0	0		0	0
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid		0		<u>0</u>	0
	All other benefits, except accident and health	0	0		0	0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow	_	_	_		^
1000	page	Q	0	ŏ ŀ	<u>0</u>	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	J0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on										
compromised claims.		ļ0	0	0	0	ļ0	0	J0	0	0
18.3 Totals paid	0	<u> </u> 0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0]0	0	0	0	0
18.5 Amount rejected	0	L0	0	0	0	0	0	0	0	٥
18.6 Total settlements	0	L0	0	0	0	J0	0	J0	0	۵
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)					1	
prior year	15	1,070,000	0	0	0	0	0	0	15	1,070,000
21. Issued during year	0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	(7)	(720,000)	0	0	0	0	0	J0	[(7)	(720,000)
23. In force December 31	8	350,000	0	(a)	0	0			8	350,000
of current year	0	330,000	<u> </u>	U	U	1 0	1 0	U	0	330,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Deliante Idae Dividenda	4	5
			Policyholder Dividends Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	<u>0</u>	٥	
1 24.2 Credit (Group and Individual)	LU	LU	lU	0	L0
24.3 Collectively renewable policies/certificates (b)	L0	L0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u></u> 0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	L0	l0	0	0	0
25.2 Guaranteed renewable (b)	31.776	30.834	J0	22,693	24,399
25.3 Non-renewable for stated reasons only (b)	LU	J	JU	0	L
25.4 Other accident only	0	0	0	0	0
25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)	99,643,283	99 , 644 , 224	J0	39,908,815	39,976,483
25.6 Totals (sum of Lines 25.1 to 25.5)	99,675,059	99,675,059	J0	39,931,508	40,000,882
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	99,675,059	99,675,059	0	39,931,508	40,000,882

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______23,156 and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2019

0.0 0.1 4005	LIFE	INSURANCI	F		. 00700
C Group Code 1295		INSUITANC		NAIC Company C	ode 80799
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance	2,219	0	0	0	2.
Annuity considerations	0	0	0 L	0 L	
	0	XXX	0	XXX	
Other considerations	0	0	0 L	0 L	
5. Totals (Sum of Lines 1 to 4)	2,219	0	0	0	2
IRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Life insurance:	,				
6.1 Paid in cash or left on deposit	0	0	0	0	
6.2 Applied to pay renewal premiums	0	0	0	0	
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	n	0	0	0	
6.4 Other		 N		n	
	0	n I	n I	n I	
Annuities:		0	0		
7.1 Paid in cash or left on deposit		<u>/</u>	J		
7.2 Applied to provide paid-up annuities		<u>0</u>	J		
7.3 Other		<u>0</u>	J	U }	
7.4 Totals (sum of Lines 7.1 to 7.3)		<u>0</u>	j j	J	
8. Grand Totals (Lines 6.5 + 7.4)	U	U	U	0	
DIRECT CLAIMS AND BENEFITS PAID	0	0	0	0	
9. Death benefits	N		h	h	
0. Matured endowments		h	h	h	
1. Annuity benefits		U	J	h	
Surrender values and withdrawals for life contracts	0	U	J		
benefits paid	0	0	0	0	
All other benefits, except accident and health	0	0	0	0	
5. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
1					
2					
)3					
8. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n l	n I	n I	n I	

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	ļ0	0	0	0	0
18.2 By payment on	_			_						
compromised claims.	0	0	ļ0	0	0	ļ0	0	 0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	J0	0	0
18.4 Reduction by									l .	
compromise	0	0	0	0	0	ļ0	0	J0	0	0
18.5 Amount rejected	0		0	0	0	ļ0	0	J0	ļ0	J0
18.6 Total settlements	0		0	0	0	ļ0	0	J0	0	J0
19. Unpaid Dec. 31, current										
year (Lines 16+17-	ر ا	_	<u>_</u> _	0	_	_			l ,	
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)					1	
prior year		35,000	0	0	0	0	0	0	5	35,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	ļ(1)	(3,000)	0	0	0	ļ0	0	J0	. (1)	(3,000)
23. In force December 31				(a)					l .	
of current year	4	32,000	0	0	0	0	0	0	1 4	32,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Policyholder Dividends	4	5
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	٥	0	٥	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	L0	J0	0	0	0
1 24.2 Credit (Group and Individual)	LU	LU	lU	0	0
24.3 Collectively renewable policies/certificates (b).	L0	L0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	L0	٥	0	0	
25.2 Guaranteed renewable (b)	257 , 766		l0	265,735	274,836
25.3 Non-renewable for stated reasons only (b)	0	0	<u></u> 0	0	
25.4 Other accident only	L0	0	<u></u> 0	0	
25.5 All other (b)	470,081,721	470,004,656	<u>0</u>	188, 275, 658	188,594,891
25.6 Totals (sum of Lines 25.1 to 25.5)	470,339,487	470,339,487	0	188,541,393	188,869,727
25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	470,339,487	470,339,487	0	188,541,393	188,869,727

indemnity only products



DIRECT BUSINESS IN THE STATE OF lowa

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	151	0	0	0	1
Annuity considerations	0	0	0	0	
Deposit-type contract funds	0	XXX	0	XXX	
Other considerations	0	L0 L	0	0	
5. Totals (Sum of Lines 1 to 4)	151	0	0	0	1
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	
6.2 Applied to pay renewal premiums	0		0		
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	ļ0 ļ	0		
6.4 Other	0		0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0		0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	
7.2 Applied to provide paid-up annuities		ļ0 ļ	0	0	
7.3 Other		ļ0 ļ	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
Death benefits	0	0	0	0	
10. Matured endowments	0	0	0	0	
11. Annuity benefits	0	0	0	0	
12. Surrender values and withdrawals for life contracts	0	0	0	0	
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	ļ0 ļ	0	0	
14. All other benefits, except accident and health	0	ļ0 ļ	0	0	
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
301					
302.					
303.					
398. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0	0	
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	<u>0</u>	0	0	0	0	0	<u></u> 0	0	0
17 Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	L0	0	0	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	L1	20,000	0	0	0	l0	0	0	<u> </u> 1	20,000
21. Issued during year		0	0	0	0	L0	0	0	0	0
22. Other changes to in force										
(Net)	0	0	0	0	0	l0	0	 0	0	0
23. In force December 31				(a)						
of current year	1	20,000	0	0	0	0	0	0	1	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINSU	JRANCE		
	1	2	3 Policyholder Dividends Paid, Refunds to	4	5
	D: 15	Direct Premiums	Members or Credited	B: B::	Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	J0	0	J0
Group policies (b)		0	0	0	0
24.2 Credit (Group and Individual)		<u> </u> 0	0	0	[
24.3 Collectively renewable policies/certificates (b)	0	L 0	0	0	(
24.4 Medicare Title XVIII exempt from state taxes or fees		0	0	0	[
Other Individual Policies:					
25.1 Non-cancelable (b)		0	0	٥	[
25.1 Non-cancelable (b)	52,517	65,611	<u> </u> 0	49,701	42,677
25.3 Non-renewable for stated reasons only (b)		0	0	0	[
25.4 Other accident only			0	0	[
25.5 All other (b)	L0	L0	0	0	
25.6 Totals (sum of Lines 25.1 to 25.5)	52,517	65,611	0	49,701	42,677
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	52 517	65 611	1 0	49 701	42 677

indemnity only products



DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2019

NAIC Group Code 1295		LIFE	INSURANC	E	NAIC Company Code 80799		
DIRECT PRE AND ANNUITY CON		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
Life insurance		0.0	0	0.000	0	0	
Annuity considerations		0	0	0	0	0	
Deposit-type contract funds		0	XXX	0	XXX	0	
Other considerations		0	0	0	0	0	
5. Totals (Sum of Lines 1 to 4)		0	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLD	DERS/REFUNDS TO MEMBERS		Ü	, i	-		
Life insurance:				İ			
6.1 Paid in cash or left on deg	oosit	0	0	0	0	0	
6.2 Applied to pay renewal pr	emiums	0	0	0	0	0	
6.3 Applied to provide paid-up							
	paying period	0	0	0	0	0	
			0	0	0	0	
6.5 Totals (sum of Lines 6.1 t	o 6.4)	0	0	0	0		
Annuities:	,			İ			
7.1 Paid in cash or left on der	oosit	0	0	0	0		
7.2 Applied to provide paid-up	annuities	0	0	0	0		
		0	0	0	0		
	o 7.3)	0	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4) '	0	0	0	0	C	
DIRECT CLAIMS A	AND BENEFITS PAID						
Death benefits		0	0	0	0		
10. Matured endowments		0	0	0	0	0	
11. Annuity benefits		0	0	0	0		
12. Surrender values and withdra		0	0	0	0		
13. Aggregate write-ins for misce	llaneous direct claims and						
		0	0	0	0		
14. All other benefits, except acci	dent and health	0	0	0	0	0	
15. Totals		0	0	0	0	0	
DETAILS OF WRITE-INS							
1301							
1302.							
1303							
1398. Summary of remaining write-	ns for Line 13 from overflow						
page		0	0	0	0	0	
1399. Total (Lines 1301 through 13	03 + 1398) (Line 13 above)	0	0	0	0	0	

	0	rdinary		redit Life and Individual)		Group	In	dustrial		Total
DIRECT DEATH	1 Ĭ	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	L0	0	L0	0	L0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	۵
18.6 Total settlements	0	0	0	0	0	ļΩ	0	٥	0	J0
19. Unpaid Dec. 31, current										
year (Lines 16+17-		•								
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year		0	0	0	0	0	0	٥	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0	0	J0	0	0	ļ0	J0	J0	J0	L
23. In force December 31		0		(a)						
of current year	0	0	0	0	0	1 0	0	0	0	0
(a) Includes Individual Credit L				cu				_		
Includes Group Credit Life								rent year \$		
Loans greater than 60 mon	itns at issue l	BUT NOT GREA	IER IHAN 1	20 MONTHS, prid	or year \$		current	t year \$		-

ACCIDENT AND HEALTH INSURANCE

7.00.00	,	<i>-</i>			
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
	l <u>.</u>	Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	L0	0	0	0	
24.1 Federal Employees Health Benefits Plan premium (b)	L	0	0	0	0
24.2 Credit (Group and Individual)	0	L0	J0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees		0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	<u></u>	0	L0	0	
25.2 Guaranteed renewable (b)	17 ,594	26,524	0	21,295	20,821
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	
25.4 Other accident only			0	0	
25.5 All other (b)	L0	0	<u> </u> 0	0	0 l
25.6 Totals (sum of Lines 25.1 to 25.5)	17 ,594	26,524	0	21,295	20,821
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,594	26,524	0	21,295	20,821

indemnity only products



DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	Code 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	1,220	0	0	0	1,22
Annuity considerations	0	0	0	0	
Deposit-type contract funds	0 1	XXX	0	ХХХ	
Other considerations	0	0	0	Q 	
5. Totals (Sum of Lines 1 to 4)	1,220	0	0	0	1,2
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	
6.2 Applied to pay renewal premiums	0	0		D	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	0 		D	
6.4 Other	0	0		0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	
7.2 Applied to provide paid-up annuities	0	0	0	0	
7.3 Other		0	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0 	0	Q 	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
Death benefits	0	0		J	
10. Matured endowments		0	0	0	
11. Annuity benefits	0	0		0	
	0	0	0	0	
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health	0	0	0	0	
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
301					
302					
303					
398. Summary of remaining write-ins for Line 13 from overflow					
page	0	0 J		0 	
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	Credit Life Ordinary (Group and Individual)			Group	Ir	ndustrial	Total		
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	۵	0	٥	0	L0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	J0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	J0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	٥	0	0
18.6 Total settlements	0	0	0	0	0	J0	0	J0	0	٥
19. Unpaid Dec. 31, current										
year (Lines 16+17-										_
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year		30,000	0	0	0	0	0	0	. 1	30,000
21. Issued during year		0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	J0	0	. 0	0	L0
23. In force December 31				(a)						
of current year	1	30,000	0	0	0	0	0	0	1	30,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE										
	1	2	3	4	5					
			Policyholder Dividends							
			Paid, Refunds to							
		Direct Premiums	Members or Credited		Direct Losses					
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred					
24. Group policies (b)	0	0	J0	0	l0					
Group policies (b)	0	0	0	0	0					
24.2 Credit (Group and Individual)	0	0	0	0	<u>[0</u>					
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	<u> </u> 0					
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0					
Other Individual Policies:										
25.1 Non-cancelable (b)	0	0	0	0	<u> </u> 0					
25.2 Guaranteed renewable (b)	0	0	<u> </u> 0	0	l0					
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	l0					
25.4 Other accident only		0	0	0	l0					
25.5 All other (b)		0	0	0	L0					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	<u> </u> 0					
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1	1	1	0	l n					

indemnity only products



DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2019

NAIC Gr	oup Code 1295	LIFE	NAIC Company (ompany Code 80799		
	DIDECT DESIGNATION	1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	0	0	0	0	0
2. /	Annuity considerations	0	0	0	0	0
3. 1	Deposit-type contract funds	0	ХХХ	0	ХХХ	0
4. (Other considerations	0	l0	0	0	0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIREC	CT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
	Life insurance:					
(6.1 Paid in cash or left on deposit	0	0	0	0	0
(6.2 Applied to pay renewal premiums	0	0	0	0	0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period	0	0	0	0	0
(6.4 Other		l0 L	0	0	0
(6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit	0	l0 l	0	0	0
	7.2 Applied to provide paid-up annuities	0	l0 l	0	0	0
	7.3 Other	0	0	0	0	0
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9. 1	Death benefits	0	0	0	0	0
10.	Matured endowments	0	0	0	0	0
11. /	Annuity benefits	21,000	0	0	0	21,000
	Surrender values and withdrawals for life contracts	0	0	0	0	0
13. /	Aggregate write-ins for miscellaneous direct claims and					
	penefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	0	0	0	0	0
	Totals	21,000	0	0	0	21,000
	DETAILS OF WRITE-INS	·				
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow					
	page	<u>0</u>	Q .	<u>0</u>	<u>0</u>	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

	0	Credit Life Ordinary (Group and Individual)		Group		In	ndustrial	Total		
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17 Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	0	0	l0	0	L0
18.2 By payment on										
compromised claims	0	٥	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	J0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	l0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,]			(a)						
prior year	0	L0	L0	0	0	L0	0	0	0	L0
21. Issued during year	l0	0	l0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	 0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Delieuhelder Dividende	4	5
			Policyholder Dividends Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	۵	0	٥	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	J0	J0	0	0
24.2 Credit (Group and Individual)	L0	L	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	J0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u>0</u>	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	٥	٥	0	0	0
25.2 Guaranteed renewable (b)	8,332	10,219	J0	7 ,911	7 , 332
25.3 Non-renewable for stated reasons only (b)	L0	J0	0	0	0
25.4 Other accident only	0	J0	0	0	0
25.5 All other (b).	L0	L0	J0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	8,332	10,219	J0	7,911	7 , 332
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,332	10,219	0	7,911	7,332

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	<u>INSURANC</u>	<u> </u>	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	1,698	0	0	0	1,69	
Annuity considerations	0	0 	0	0		
Deposit-type contract funds	0 1	XXX	0	XXX		
Other considerations	0	0		Q 		
5. Totals (Sum of Lines 1 to 4)	1,698	0	0	0	1,6	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:		_				
6.1 Paid in cash or left on deposit	0		0	0		
6.2 Applied to pay renewal premiums	0		0	D		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	0			D		
6.4 Other	0	0	0			
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	0	0	0	0		
7.2 Applied to provide paid-up annuities	0	0	0	0		
7.3 Other		0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	Q 		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	0		0	J		
10. Matured endowments	0		0	0		
11. Annuity benefits	0		0	0		
	0	0	0	0		
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0 	0	0		
14. All other benefits, except accident and health	0	0 	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
302.						
303.						
398. Summary of remaining write-ins for Line 13 from overflow						
page	0	0	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		redit Life and Individual)	Group		Industrial		Total	
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	<u>0</u>	0	0	0	0	0	<u></u> 0	0	0
17 Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,]			(a)						
prior year	2	20,000	0	0	0	L0	0	l0	2	20,000
21. Issued during year	0	0	0	0	0	L0	0	L0	0	0
22. Other changes to in force										
(Net)	0	0	0	0	0	l0	0	 0	0	0
23. In force December 31				(a)						
of current year	2	20,000	0	0	0	0	0	0	2	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE										
	1	2	3	4	5					
			Policyholder Dividends							
			Paid, Refunds to							
		Direct Premiums	Members or Credited		Direct Losses					
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred					
24. Group policies (b)		0	J0	٥	J0					
Group policies (b)	0	0	<u></u> 0	0	0					
24.2 Credit (Group and Individual)	0	0	0	0	0					
24.3 Collectively renewable policies/certificates (b)	<u>. L</u>	LU	0	0	0					
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0					
Other Individual Policies:										
25.1 Non-cancelable (b)	0	0	L0	٥	0					
25.2 Guaranteed renewable (b)	0	0	l0	0	0					
25.3 Non-renewable for stated reasons only (b)			<u> </u> 0	0	0					
25.4 Other accident only		0	<u> </u> 0	0	0					
25.5 All other (b)		0	<u> </u> 0	0	0					
25.6 Totals (sum of Lines 25.1 to 25.5)		0	<u> </u> 0	0	<u> </u> 0					
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1	l n	l n	0	l n					

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2019

C Group Code 1295	1	2 1	3	NAIC Company Co	<u> </u>
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	5 Total
Life insurance	Ordinary	0	Отобр	n dastriar	Total
Annuity considerations	0	0	0	0	
Deposit-type contract funds	0	XXX	0	XXX	
Other considerations	0	0	0	0	
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	0	0		•	
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	
6.2 Applied to pay renewal premiums	0	0	0	0	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	0	0	0	
6.4 Other	0	0	0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	
7.2 Applied to provide paid-up annuities	0	0	0	0	
7.3 Other	0	0	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID		Ů			
9. Death benefits	0	0	0	0	
10. Matured endowments		l	n		
Annuity benefits		l	h		
	0	l	h		
Surrender values and withdrawars for file contracts					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health		0	0	0	
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS		<u> </u>	<u> </u>		
DETAILS OF WRITE-INS					
)2					
03.					
98. Summary of remaining write-ins for Line 13 from overflow					
page	Λ	n	n l	n l	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	 N	l	h	h	

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17 Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	l0	0	L0
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	J0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	l0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	L0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
	2	40,000	0	0	0	l0	0	0	2	40,000
21. Issued during year	l0	0	0	0	0	L0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	 0	0	L0
23. In force December 31				(a)						
of current year	2	40,000	0	0	0	0	0	0	2	40,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	AL 111 11131	DIVAIVE		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	Ω	0	0	0	0
I 24.1 Federal Employees Health Benefits Plan premium (b)	1 ()	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)		0	0	0	0
25.2 Guaranteed renewable (b)	23,994	24,585	<u> </u> 0	29 , 159	29,320
25.3 Non-renewable for stated reasons only (b)		0	0	0	0
25.4 Other accident only			0	0	0
25.5 All other (b)	L0	L0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	23,994	24,585	0	29 , 159	29,320
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,994	24,585	0	29,159	29,320



DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	2,938	0	0	0	2,9	
Annuity considerations	0	0	0	0		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0 I	0	0	0		
5. Totals (Sum of Lines 1 to 4)	2,938	0	0	0	2,9	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0		
	0		0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	0	0	0	Q		
6.4 Other	0	0	0	Q		
	0	0	0	D		
Annuities:						
7.1 Paid in cash or left on deposit	0	0	0	0		
7.2 Applied to provide paid-up annuities		0	0	0		
7.3 Other	0	0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	Q		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	0	0	0	0		
10. Matured endowments	0	0	0	0		
11. Annuity benefits	12,000	0	0	0	12 ,	
	0	0	0	Q 		
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0 J		
	0	0	0	<u>0</u>		
15. Totals	12,000	0	0	0	12,	
DETAILS OF WRITE-INS						
301						
302						
303						
398. Summary of remaining write-ins for Line 13 from overflow						
	0	<u>0</u>	0	<u>0</u>		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		redit Life and Individual)		Group	In	dustrial		Total
DIRECT DEATH	1 1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,	0	0	0	0	0	0	0		0	
prior year	0	0	0	0	0	LU	0	J	J0	<u></u> 0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	L0	l0	0	0	L0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	٥	0	٥
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	11	100,000	0	0	0	0	0	0	11	100,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	(2)	(10,000)	0	0	0	0	0	0	(2)	(10,000)
23. In force December 31				(a)					l `´	·
of current year	9	90,000	0	0	0	0	0	0	9	90,000
(a) Includes Individual Credit L				cu						
Includes Group Credit Life							cur	rent year \$		
Loans greater than 60 mon	iths at issue l	BUT NOT GREAT	TER THAN 1	20 MONTHS, prid	or year \$		current	year \$		-

ACCIDENT AND HEALTH INSURANCE

			_		
	1	2	3	4	5
			Policyholder Dividends		
		55 .	Paid, Refunds to		B:
	l	Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	٥	J0	J0	0	J
24.1 Federal Employees Health Benefits Plan premium (b)	<u>0</u>	0	J0	0	J0
24.2 Credit (Group and Individual)	0	0]0	0	J0
24.3 Collectively renewable policies/certificates (b)	<u> </u> 0	0	J0	0	L0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	O
Other Individual Policies:					
25.1 Non-cancelable (b)	٥	0	0	٥	L0
25.2 Guaranteed renewable (b)	<u></u> 0	0	J0	٥	L0
25.3 Non-renewable for stated reasons only (b)	0	0	J0	٥	<u> </u> 0
25.4 Other accident only	0	0	J0	٥	<u> </u> 0
25.5 All other (b)	٥	0	J0	0	<u> </u> 0
25.6 Totals (sum of Lines 25.1 to 25.5)	<u></u> 0	0	J0	0	<u> </u> 0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance	461	0	0	0	46		
Annuity considerations	0	0	0	0			
Deposit-type contract funds	0	XXX	0	XXX			
Other considerations	0	0	0	0			
5. Totals (Sum of Lines 1 to 4)	461	0	0	0	4		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS							
Life insurance:							
6.1 Paid in cash or left on deposit		0	0	0			
6.2 Applied to pay renewal premiums	0	0	D	0			
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period	0	l0	0	0			
6.4 Other	0	l0 	D	0			
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit	0	0	0	0			
7.2 Applied to provide paid-up annuities	0	0	0	0			
7.3 Other		0	0	0			
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0 L			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits	0	l0 	0	0			
10. Matured endowments	0	0	0	0			
11. Annuity benefits	8,400	0	0	0	8,.		
12. Surrender values and withdrawals for life contracts	0	0	0	0			
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0	0			
14. All other benefits, except accident and health	0	0	0	0			
15. Totals	8,400	0	0	0	8,4		
DETAILS OF WRITE-INS							
301							
302							
303.							
398. Summary of remaining write-ins for Line 13 from overflow							
pagé	0	L0 L	0 	0			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	C	Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	<u> </u> 0	0	0	0	0	0	<u></u> 0	0	0
17. Incurred during current										
year	0	<u> </u> 0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	J0	0	0	0	l0	0	J0	0	0
18.2 By payment on										
compromised claims.		J0	J0	0	0	0	0	J0	0	0
18.3 Totals paid	0	J0	 0	0	0	0	0	J0	0	0
18.4 Reduction by										
compromise	0	J0	0	0	0	0	0	0	0	0
18.5 Amount rejected	l0	ļ0	0	0	0	0	0	ļ0	ļ0	0
18.6 Total settlements	0	J0	 0	0	0	ļ0	0	J0	J0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	1	60,000	0	0	0	0	0	0	1	60,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0] 0	0	0	0	L0	0	. 0	0	0
23. In force December 31				(a)						
of current year	1	60,000	0	0	0	0	0	0	1	60,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)			0	0	0
Group policies (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	L	L	0	0	0
24.3 Collectively renewable policies/certificates (b)	<u></u>	J0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	J0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	<u>L0</u>	L0	l0	0	<u> </u>
25.2 Guaranteed renewable (b)	5,605	10,363	٥	18,775	16,096
25.3 Non-renewable for stated reasons only (b)	0	0	<u></u> 0	٥	0
25.4 Other accident only	0	J0	J0	0	J0
25.5 All other (b).	L0	L0	J0	0	<u> </u> 0
25.6 Totals (sum of Lines 25.1 to 25.5)	L5,605	10,363	J0	18 , 775	16,096
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,605	10,363	0	18,775	16,096

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2019

C Group Code 1295		INSURANCI		NAIC Company C	Jue ourou
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance	Ordinary	0	О	0	10101
•	0	0	0	0	
Deposit-type contract funds	0	XXX	0	XXX	
Other considerations	0	0	0	0	
5. Totals (Sum of Lines 1 to 4)	0	0	0	Ď l	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS		, i		- v	
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	
6.2 Applied to pay renewal premiums	0	L0 L	0	0	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	L0 L	0	0 L	
6.4 Other	0	L0 L	0	0	
	0	L0 L	0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	
7.2 Applied to provide paid-up annuities	0	0	0	0	
7.3 Other	0	0	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	L0 L	0	0	
Matured endowments	0	L0 L	0	0	
1. Annuity benefits		L0 L	0	0	
Surrender values and withdrawals for life contracts	0	L0 L	0	0	
Aggregate write-ins for miscellaneous direct claims and					
benefits paid		<u> </u> 0	0	0	
4. All other benefits, except accident and health	0	ļ0 .	0	0	
5. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
)1					
02.					
03					
98. Summary of remaining write-ins for Line 13 from overflow					
page	0	[0 [0	D	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	C	ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full	0	n	n	n	0	0	0	n	0	٥
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid 18.4 Reduction by	[0 [0	0	0	0	0	0	0	0	0
compromise	0	0	0	0	0	0	0	0	0	0 0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	No. of	0	0	0	0	0
POLICY EXHIBIT					Policies					
20. In force December 31, prior year	0	l0	0	(a) 0	0	l0	0	0	0	0
21. Issued during year		L0	l0	0	0	0	0	[0	0	0
(Net)23. In force December 31		[0 	0	(a)	0	0	0	0	0	0
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)(b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees		0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	<u></u> 0	٥	J0	0	l0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	J0	J0	0	J0
25.5 All other (b)	10,562	10,562	J0	0	J0
25.6 Totals (sum of Lines 25.1 to 25.5)	10,562	10,562	J0	0	J0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,562	10,562	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	NAIC Company Code 80799			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	0	J0 J	0	0		
Annuity considerations	0	l0 l	0	0		
Deposit-type contract funds	0	ХХХ	0	XXX		
4. Other considerations	0	J0 J	0	0		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		J0 J	0	0		
6.2 Applied to pay renewal premiums	0	ļ0 <u> </u>	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	ļ0	ļ0 <u> </u>	0	0		
6.4 Other	ļ0	ļ0 <u> </u>	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	ļ0	ļ0 <u> </u>	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	ļ0	ļ0 <u> </u>	0	0		
7.2 Applied to provide paid-up annuities		J0 J	0	0		
7.3 Other		J0 J	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	J0 J		D		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		J		U		
10. Matured endowments		<u>U</u>		U		
11. Annuity benefits		<u>U</u>		U		
12. Surrender values and withdrawals for life contracts	0	^D		U		
13. Aggregate write-ins for miscellaneous direct claims and	_					
benefits paid	U	^U	ا			
15. Totals	0	0				
	U	U	- 0	0		
DETAILS OF WRITE-INS 301.						
302.		·				
		·				
303398. Summary of remaining write-ins for Line 13 from overflow						
page	0	n	n	n		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n	l	h	h		
000. Total (Lines 1001 tillough 1000 + 1000) (Line 15 above)	. 0	0	0	0		

	C	Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	<u> </u> 0	0	0	0	0	0	<u> </u> 0	0	L0
17. Incurred during current										
year	0	<u> </u> 0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	J0	0	0	0	0	0	J0	0	0
18.2 By payment on										
compromised claims.		J0	0	0	0	0	0	J0	0	0
18.3 Totals paid	0	J0	0	0	0	0	0	J0	J0	0
18.4 Reduction by										
compromise	0	J0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	J0	J0	0	0	ļ0	0	J0	0	0
18.6 Total settlements	0	J0	0	J0	0	ļ0	0	J0	 0	00
19. Unpaid Dec. 31, current										
year (Lines 16+17-					_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	l0	0	0	0	L0
21. Issued during year	0	0	0	0	0	0	0	<u></u> 0	0	L0
22. Other changes to in force										
(Net)	0	٥	0	0	0	0	0	 0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

7,00152111 7,115 112 12111 1110010 11102											
	1	2	3	4	5						
			Policyholder Dividends								
			Paid, Refunds to								
		Direct Premiums	Members or Credited		Direct Losses						
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred						
24. Group policies (b)	0	0	0	0	Ω						
24.1 Federal Employees Health Benefits Plan premium (b)(b)	ĻU	J	J0	0	[0						
24.2 Credit (Group and Individual)	0	0	J0	0	0						
24.3 Collectively renewable policies/certificates (b)	<u></u> 0	0	J0	0	0						
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0						
Other Individual Policies:											
25.1 Non-cancelable (b)	0	0	0	0	0						
25.2 Guaranteed renewable (b)	72,337	82,961	0	56 , 444	53,978						
25.3 Non-renewable for stated reasons only (b)	0	0	J0	٥							
25.4 Other accident only	0	0	0	0	0						
25.5 All other (b)	L0	0	0	0	0 l						
25.6 Totals (sum of Lines 25.1 to 25.5)	72,337	82,961	0	56 , 444	53,978						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	72,337	82,961	0	56,444	53,978						

indemnity only products



DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2019

IVIIOOOUI				DONING THE	12/11 2010
NAIC Group Code 1295	LIFE	INSURANC	CE	NAIC Company	/ Code 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	0]0	0	0	0
Annuity considerations]0	0	0	0
Deposit-type contract funds		ХХХ	0	XXX	0
Other considerations	0	J0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	5				
Life insurance:					
6.1 Paid in cash or left on deposit		J0	0	0	0
6.2 Applied to pay renewal premiums	0	J0	0	0	0
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	٥	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit		0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	l0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID			-		-
Death benefits	0	0	0	0	0
10. Matured endowments		0	0	0	0
11. Annuity benefits		0	0	0	0
12. Surrender values and withdrawals for life contracts		l n	n n	0	0
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	n	n	0	 N
DETAILS OF WRITE-INS	-	0	0	0	
1301					
1302.					
1303	,				
page	′	n	n		Λ
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	J			 0
1333. Total (Lines 1301 tillough 1303 + 1396) (Line 13 above)	1 0		U	0	

Or	dinary		edit Life and Individual)		Group	Industrial		Total	
1 lo. of Pols.	2	3 No. of Ind. Pols. &	4	5	6	7 No. of Pols.	8	9 No. of Pols. & Certifs.	10 Amount
y cortino.	7 unodin	01. 0010.	7 1110 0111	110. 01 001110.	71110411	<u> </u>	711104111	G COTAIC:	7 1110 0111
0 .	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
			_						
0	0	0	0	0	ļ0	0	J0	0	0
0 .	0	0	0	0	ļ0	0	J0	0	0
	0	0	0	0					0
U		0		0	JU	0	J		U
<u>0</u> -		0	D		ļ	0	J	J	U
		0	D	0	ļ	0	J	0	U
0	0	0	0	0	0	0	0	0	0
				No. of Policies					
- 1			(a)						
0	0	0	0	0	l0	0	0	 0	0
0	0	0	0	0	0	0	0	0	0
			_	_	_				_
0 .	0	0	0	0	ļ0	0	J0	 0	0
١	0	0	(a)	0	0	0	0	١	0
8	1 D. of Pols. A Certifs. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0. of Pols. a Certifs. Amount 0. 0 0 0 0. 0	Ordinary (Group a stress) 1 2 3 0. of Pols. & Certifs. Amount No. of Ind. Pols. & Gr. Certifs. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ordinary (Group and Individual) 1 2 3 4 No. of Pols. & Certifs. Amount Ind. Pols. & Gr. Certifs. Amount	Ordinary (Group and Individual) 1 2 3 4 5 No. of Pols. & Certifs. Amount No. of Certifs. No. of Certifs.	Ordinary (Group and Individual) Group 1 2 3	Ordinary (Group and Individual) Group In 1 2 3 4 5 6 7 No. of Pols. & Certifs. Amount No. of Certifs. Amount No. of Pols. & Certifs. <td>Ordinary (Group and Individual) Group Industrial 1 2 3</td> <td>Ordinary (Group and Individual) Group Industrial 1 2 3 4 5 6 7 8 9 No. of Pols. a Certifs. Amount No. of Pols. a Certifs. No. of Pols. a Certifs. No. of Pols. a Certifs. Amount & Certifs. &</td>	Ordinary (Group and Individual) Group Industrial 1 2 3	Ordinary (Group and Individual) Group Industrial 1 2 3 4 5 6 7 8 9 No. of Pols. a Certifs. Amount No. of Pols. a Certifs. No. of Pols. a Certifs. No. of Pols. a Certifs. Amount & Certifs. &

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2] 3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	<u></u>	٥	0	0	
25.1 Non-cancelable (b)	47 ,035	50 , 390	<u> </u> 0	53,934	52,411
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	
25.4 Other accident only	0	0	0	0	
25.3 Non-renewable for stated reasons only (b)	643,408,095	643,404,740	0	257,695,794	258, 132, 733
25.6 Totals (sum of Lines 25.1 to 25.5)	643,455,130	L	0	257,749,728	258 , 185 , 145
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	643,455,130	643,455,130	0	257,749,728	258, 185, 145

indemnity only products



DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	0	L0 <u> </u>	0	0		
Annuity considerations	0	L0 <u> </u>	0	0		
Deposit-type contract funds	0	ХХХ	0	XXX		
Other considerations	0	L0 L	0	0		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:	•					
6.1 Paid in cash or left on deposit		0	0	0		
	0			J		
6.3 Applied to provide paid-up additions or shorten the	_			<u> </u>		
endowment or premium paying period	0	<u>0</u>	<u>0</u>	0		
6.4 Other		<u>0</u>	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
7.1 Paid in cash or left on deposit	0	0	0	0		
7.2 Applied to provide paid-up annuities	0	0	0	0		
7.3 Other	0	0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	L0 L	0	0		
10. Matured endowments	0	L0 L	0	0		
11. Annuity benefits	0	L0 L	0	0		
12. Surrender values and withdrawals for life contracts	0	L0 L	0	0		
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	L0	0	0		
	0	L0 <u> </u>	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
302						
303						
398. Summary of remaining write-ins for Line 13 from overflow	_			_		
	0	<u>0</u>	Q	j		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

		Cr	edit Life						
0	rdinary	(Group a	and Individual)		Group	In	dustrial		Total
1	2	3	4	5	6	7	8	9	10
	Amount		Amount	No. of Cortife	Amount		Amount		Amount
a ocitiis.	Amount	Or. Octuis.	Amount	NO. OF OCITIES.	Amount	d Octus.	Amount	a ocitiis.	Amount
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	L0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	<u>0</u>	0	L0
0	0	0	0	0	0	0	0	0	0
0	U		0	0	0	0	٥	0	0
0	0	0	0	0	0	0	۵	0	0
.				_	_				
0	0	0	0	0	0	0	0	0	0
				No. of Policies					
			(a)						
0	0	0	0	0	0	0	0	0	0
0		0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	L0	0	0
			(a)						
	0	0	0	0	0	0	0	0	0
	1 No. of Pols. & Certifs.	No. of Pols. & Amount	Ordinary (Group at a street of the conten	1 2 3 4 No. of Pols. & Amount Ind. Pols. & Amount	Ordinary Group and Individual) 1	Ordinary	Ordinary (Group and Individual) Group In 1 2 3 4 5 6 7 No. of Pols. & Certifs. Amount No. of Certifs. Amount No. of Pols. & Certifs. Amount No. of Pols. & Certifs. No. of Pols. & Certifs. Amount No. of Pols. & Certifs. No. of Pols. &	Ordinary (Group and Individual) Group Industrial 1 2 3 4 5 6 7 8 No. of Polls. & Certifs. Amount No. of Polls. & Certifs. Amount No. of Polls. & Certifs. Amount	Cordinary Coronard Individual Coronard

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINSU	UKANCE		
	1	2	3 Policyholder Dividends Paid, Refunds to	4	5
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	<u>L</u> 0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees		0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)		0	0	0	(1)
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only]0	0	<u>[</u> 0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)		0	0	0	[(1)
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	1 0	I (1)

indemnity only products



DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	1,008	0	0	0	1,00	
Annuity considerations	0	0	0	0		
Deposit-type contract funds	L0 I	XXX	0	XXX		
Other considerations	0	L0 L	0	0		
5. Totals (Sum of Lines 1 to 4)	1,008	0	0	0	1,0	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	L0 <u> </u>	0	0		
6.2 Applied to pay renewal premiums		0	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	0	l0	0			
6.4 Other	0	L0 L	0			
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	0	L0 L	0	0		
7.2 Applied to provide paid-up annuities	0	L0 L	0	0		
7.3 Other		L0 L	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	0	l0 l	0	0		
10. Matured endowments	0	L0 L	0	0		
11. Annuity benefits	0	L0 L	0	0		
12. Surrender values and withdrawals for life contracts	0	L0 L	0	0		
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	L0 L	0	0		
14. All other benefits, except accident and health	0	<u> </u> 0	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
302.						
303.						
398. Summary of remaining write-ins for Line 13 from overflow						
page	0	0	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	<u>0</u>	0	0	0	0	0	<u></u> 0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	L0	0	0	0	0	0	l0	0	0
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by			1							
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	ļ1	250,000	0	0	0	l0	0	0	. 1	250,000
21. Issued during year		0	0	0	0	L0	0	0	0	0
22. Other changes to in force										
(Net)	0	0	0	0	0	٥	0	0	0	0
23. In force December 31				(a)						
of current year	1	250,000	0	0	0	0	0	0	1	250,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Deliantedas Dividenda	4	5
			Policyholder Dividends Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	<u></u>	0	0 l	٥	0
24.2 Credit (Group and Individual)	<u> </u>	<u></u> 0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	L0	٥	0	0	0
25.2 Guaranteed renewable (b)	78,095	108,547	0 l	39 , 140	35,813
25.3 Non-renewable for stated reasons only (b)	0	0	0 I	Ω	0
25.4 Other accident only	0	J0		0	0
25.5 All other (b)	L0	l0	l0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)			0	39 , 140	35,813
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	78,095	108,547	0	39,140	35,813



DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	NAIC Company Code 80799			
	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life insurance	0	0	0	0	. ota.
Annuity considerations	0	0	0	0	
Deposit-type contract funds	0	XXX	0	XXX	
Other considerations	0	0	Õ	0	
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS		Ť			
Life insurance:		i i			
6.1 Paid in cash or left on deposit	0	L0 L	0	0 L	
6.2 Applied to pay renewal premiums		L0 L	0 L	0 L	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	0	0	0	
6.4 Other		0	0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)		0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	
7.2 Applied to provide paid-up annuities		0	0	0	
7.3 Other		0	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID	-	•		-	
Death benefits	0	0	0	0	
10. Matured endowments	0	0	0 [Õ l	
11. Annuity benefits	24 000	0	0 [Õ l	24 0
12. Surrender values and withdrawals for life contracts.	0	0 [0 [Õ l	
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health	0	0	0	0	
15. Totals	24.000	0	0	0	24,0
DETAILS OF WRITE-INS	_ : , 000				
301.					
302.					
303.					
1398. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0	0	
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	i	0	n l	

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	٥	0	0	0	0	0	l0	0	0
18.2 By payment on										
compromised claims	0	٥	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	J0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	l0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	L0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	L0	0	0	0	L0
21. Issued during year	L0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	 0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

				1	
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
1 24 1 Endoral Employees Health Denofite Dian promium (h)	1 (1	1 ()	0	0	
24.1 Federal Employees Health Benefits Flant premium (b)	0	0	0	0	0 I
24.3 Collectively renewable policies/certificates (b)	<u> </u>	<u> </u> U	0	0	0 I
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	7,363	10 , 199	0	1,047	207
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	
25.4 Other accident only			0	0	
25.5 All other (b)	0	0	0	0	0 İ
25.6 Totals (sum of Lines 25.1 to 25.5)	7,363	10 , 199]0	1,047	207
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,363	10,199	0	1,047	207



DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance	0	0	0	0			
Annuity considerations	0	<u> </u> 0	0	0			
Deposit-type contract funds	0	XXX	0	XXX			
Other considerations	0	0	0	0			
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS							
Life insurance:							
6.1 Paid in cash or left on deposit		ļ0 <u>ļ</u>	0	0			
6.2 Applied to pay renewal premiums	0	ļ0 ļ	0	0			
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period	0	ļ0 ļ	0	0			
6.4 Other	0	J0 J	0	0			
6.5 Totals (sum of Lines 6.1 to 6.4)	0	J0 J	0	0			
Annuities:							
7.1 Paid in cash or left on deposit	. 0	ļ0 <u> </u>	0	0			
7.2 Applied to provide paid-up annuities	0	J0 J	0	0			
7.3 Other		0	0	0			
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 <u> </u>	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits	0	0	0	0			
10. Matured endowments	0	0	0	0			
11. Annuity benefits		L0 L	0	0			
12. Surrender values and withdrawals for life contracts	0	L0 L	0	0			
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	<u> </u> 0	0	0			
14. All other benefits, except accident and health	0	<u> </u> 0	0	0			
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
301							
302							
303							
398. Summary of remaining write-ins for Line 13 from overflow							
page	0	J0 L	0	0			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	٥	0	0	0	0	0	l0	0	0
18.2 By payment on										
compromised claims	0	٥	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	J0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	l0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	L0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	L0	0	0	0	L0
21. Issued during year	L0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	 0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Policyholder Dividends	4	5
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	٥	0	٥	٥	0
24.1 Federal Employees Health Benefits Plan premium (b)	<u></u>	0	<u>0</u>	٥	
24.2 Credit (Group and Individual)	0	0	0	0	0 I
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	L0	٥	0	٥	0
25.2 Guaranteed renewable (b)	L0	0	l0	٥	
25.3 Non-renewable for stated reasons only (b)	0	0	<u></u> 0	٥	
25.4 Other accident only	0	0	1 0	٥	
25.5 All other (b)	64,970,230	64,970,230	<u>0</u>	26,021,673	26,065,794
25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)	64,970,230	64,970,230	0	26,021,673	26,065,794
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	64,970,230	64,970,230	0	26,021,673	26,065,794



DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC		NAIC Company C	ode 80799	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	1,415	0	0	0	1,4	
Annuity considerations	0	0	0	0		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0	0	Q 	0		
5. Totals (Sum of Lines 1 to 4)	1,415	0	0	0	1,4	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0		
· Fr · · · F · · · · · · · · · · · · · ·	0	0	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	0	0	0	0		
6.4 Other	0	0	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	0	0	0	0		
7.2 Applied to provide paid-up annuities	0	0	0	0		
7.3 Other	0	0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)		0	Q 	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	0	0	0	0		
10. Matured endowments		0	0	0		
11. Annuity benefits		0	0	0		
	0	0	Q 	0		
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
14. All other benefits, except accident and health	0	0	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
302						
303						
398. Summary of remaining write-ins for Line 13 from overflow	_					
page	0	0	0			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	٥	0	0	0	0	0	l0	0	0
18.2 By payment on										
compromised claims	0	٥	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	J0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	l0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	L0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	L0	0	0	0	L0
21. Issued during year	L0	0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	 0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2] 3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
I 24.1 Federal Employees Health Benefits Plan premium (b)	LU	LU	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	560,693	892,049	<u> </u> 0	557 , 558	543,346
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	L0	L0	0	0	
25.5 All other (b)	0	0	0	0	0 İ
25.5 All other (b)	560,693	892,049	0	557 , 558	543,346
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	560,693	892,049	0	557,558	543,346

indemnity only products



DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	6,630	0	0	0	6 , 63	
Annuity considerations	0	0	0	0		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0		0	0		
5. Totals (Sum of Lines 1 to 4)	6,630	0	0	0	6,6	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0		
6.2 Applied to pay renewal premiums		0	D			
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	U	<u> </u>	<u>0</u>	Q		
6.4 Other	D	0	0			
6.5 Totals (sum of Lines 6.1 to 6.4)	0		0			
Annuities:						
7.1 Paid in cash or left on deposit		<u> </u>	💆 þ			
7.2 Applied to provide paid-up annuities		<u> </u>	💆			
7.3 Other		<u>U</u>	j	U		
7.4 Totals (sum of Lines 7.1 to 7.3)	U	J	D	Q		
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	0		
DIRECT CLAIMS AND BENEFITS PAID	0	0				
9. Death benefits		U	D	U		
10. Matured endowments		U	D	U	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	
11. Annuity benefits	2,225	U	D	U		
12. Surrender values and withdrawals for life contracts	0			U		
Aggregate write-ins for miscellaneous direct claims and benefits paid	٥	0	0	0		
14. All other benefits, except accident and health			h			
15. Totals	2.225				2,2	
	2,220	0	0	0	۷,۷	
DETAILS OF WRITE-INS 301.						
		·····				
302		·····				
303						
page	0	0	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)		n I	h			
333. Total (Lilies 1301 tillough 1303 + 1386) (Lilie 13 above)	U	0	0 [0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	<u></u> 0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	٥	0	0	0	l0	0	l0	0	0
18.2 By payment on										
compromised claims	0	0	ļ0	0	0	0	0	0	0	0
18.3 Totals paid	0	<u>0</u>	0	0	0	0	0	0	0	0
18.4 Reduction by			1							
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,]			(a)						
prior year	5	320,000	0	0	0	L0	0	 0	5	320,000
21. Issued during year		0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	(1)	(50,000)	0	0	0	0	0	0	(1)	(50,000)
23. In force December 31	` ′			(a)					` ′	
of current year	4	270,000	0	0	0	0	0	0	4	270,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	٥	0	J0	0	
24.1 Federal Employees Health Benefits Plan premium (b)	<u></u>	L 0	J0	0	0
24.2 Credit (Group and Individual)	0	0	J0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	<u> </u> 0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	50,615	53,703	0	28,074	26,203
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0 l
25.4 Other accident only			0	0	0 l
1 25.5 All other (b)	L0	L 0	<u> </u> 0	0	L0
25.6 Totals (sum of Lines 25.1 to 25.5)	50,615	53,703	<u> </u> 0	28,074	26,203
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,615	53,703	0	28,074	26,203

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	0	0	0	0	
Annuity considerations	0	L0 L	0	0	
Deposit-type contract funds	0	XXX	0	XXX	
Other considerations	0	L0 L	0	0	
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit		0	0	0	
·	0	0	0	0	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0		0	0	
6.4 Other	0	L0 <u>L</u>	0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	L0 L	0	0	
7.2 Applied to provide paid-up annuities	0	L0 L	0	0	
7.3 Other		L0 L	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	
10. Matured endowments		L0 <u>L</u>	0	0	
11. Annuity benefits	63,950	L0 <u>L</u>	0	0	63 ,
12. Surrender values and withdrawals for life contracts	0	L0 L	0	0	
13. Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health	0	0	0	0	
15. Totals	63,950	0	0	0	63,9
DETAILS OF WRITE-INS				\neg	
301					
302					
303					
398. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0	0	
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17 Incurred during current										
year	0	0	0	0	0	0	0	<u></u> 0	0	0
Settled during current										
year:										
18.1 By payment in full	0	L0	0	0	0	l0	0	J0	0	0
18.2 By payment on										
compromised claims.	0	J0	0	0	0	0	0	J0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	J0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	L0	0	0	0		0	J0	0	0
18.6 Total settlements	0	0	0	0	0	J0	0	J0	0	ا ۵
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	ļ1 l	5,000	0	0	0	0	0	0	. 1	5,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0	0	0	0	0	L0	0	J0	0	L0
23. In force December 31				(a)						
of current year	1	5,000	0	0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDEN	AI WIND HE	ALIHINS	UNANCE		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	J0	0	l0
Group policies (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	<u></u>	LU	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	٥
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)			0	0	0
25.4 Other accident only		0	0	0	l0
25.5 All other (b)		0	0	0	l0
25.6 Totals (sum of Lines 25.1 to 25.5)		0	0	0	l0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1	1	1	0	l n

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	any Code 80799	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	5,646	0	0	0	5 , 64	
Annuity considerations	0	0	0	0		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0	0	0	0		
5. Totals (Sum of Lines 1 to 4)	5,646	0	0	0	5,6	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:		_				
6.1 Paid in cash or left on deposit	0	0	0	0		
6.2 Applied to pay renewal premiums	0	0	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	0	0	0	0		
6.4 Other	0	0	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	0	0	0	0		
7.2 Applied to provide paid-up annuities	0	0	0	0		
7.3 Other		0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0 	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0		
10. Matured endowments	0	0	0	0		
11. Annuity benefits	0	0	0	0		
12. Surrender values and withdrawals for life contracts	0	0	0	0		
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
14. All other benefits, except accident and health	0	0	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
302						
303						
398. Summary of remaining write-ins for Line 13 from overflow		İ				
page		0 l	0	D		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	l0	0	۵
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	L0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	J0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	l0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,]			(a)						
	8	363,000	0	0	0	l0	0	0	88	363,000
21. Issued during year	l0	0	0	0	0	L0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	 0	0	L0
23. In force December 31				(a)						
of current year	8	363,000	0	0	0	0	0	0	8	363,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$
current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDEI	AI AND HE	ALIH INS	JIANUE		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	J0	0	L0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)		37 , 790	<u> </u> 0	13,129	11,577
25.1 Non-cancelable (b)	0	0	0	0	L0
I 25.4 Other accident only	1 ()	()	0	0	0
25.5 All other (b)	0	0	0	0	0
25.5 All other (b)	37,806	37 , 790	0	13,129	11,577
26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37 806	37 790	1 0	13 120	11 577



DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2019

 An De 	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS e insurance	1 Ordinary	2 Credit Life (Group and Individual)	3	4	5	
 An De 	AND ANNUITY CONSIDERATIONS e insurance	Ordinary 0		ı		5 Total	
 An De 	nuity considerations	n	and murvidual)	Group	Industrial		
3. De			0	0	0		
	,	0	0	0	0		
4 Oth	posit-type contract funds	0	XXX	0	XXX		
	her considerations	0	0	0	0		
5. To	tals (Sum of Lines 1 to 4)	0	0	0	0		
	DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	-					
Life	e insurance:						
6.1	Paid in cash or left on deposit	0	0	0	0		
6.2	2 Applied to pay renewal premiums	0	0	0	0		
	Applied to provide paid-up additions or shorten the						
	endowment or premium paying period	0	0	0	0		
6.4	Other		0	0	0		
6.5		0	0	0	0		
	nnuities:						
	Paid in cash or left on deposit	0	0	0	0		
	2 Applied to provide paid-up annuities		0	0	0		
	3 Other		0	0	0		
	Fotals (sum of Lines 7.1 to 7.3)		0	n l	0		
	and Totals (Lines 6.5 + 7.4)	0	0	0	0		
0. 010	DIRECT CLAIMS AND BENEFITS PAID	0	Ů	<u> </u>	· · ·		
9 De	ath benefits	0	0	0	0		
	atured endowments	0	0	n	0		
		0	0	n	n		
	rrender values and withdrawals for life contracts		0	n	n I		
	gregate write-ins for miscellaneous direct claims and						
	nefits paid	0	0	0	0		
	other benefits, except accident and health		0	0	0		
15. Tot		0	0	0	0		
	TAILS OF WRITE-INS	Ū	, and the second	•			
1301.							
1302.							
1398 Su	mmary of remaining write-ins for Line 13 from overflow						
555. Su	page	0	0	0	0		
1399. To	tal (Lines 1301 through 1303 + 1398) (Line 13 above)	0	n l	n l	n l		

	0	rdinary		redit Life and Individual)		Group	In	dustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current		0	_	0						0
year	0	0	0	0	0	J	0	J0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	٥	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	ļ0	0	L0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	L0	0	۵	0	0
18.6 Total settlements	0	0	0	0	0	J0	0	٥	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	0	0	٥	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0	0	0	0	0	ļ0	0	J0	0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit L				cu						
Includes Group Credit Life								- · , · · ·		
Loans greater than 60 mon	iths at issue l	BUT NOT GREAT	ΓER THAN 1	20 MONTHS, prid	or year \$		current	year \$		-

ACCIDENT AND HEALTH INSURANCE

		<i>.</i> .—			
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	Ω	0	0	0	
24.1 Federal Employees Health Benefits Plan premium (b)	Ω	0	0	0	0 l
24.2 Credit (Group and Individual)	0	0	0	0	0 I
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0 I
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	Ω	0	0	0	0
25.2 Guaranteed renewable (b)		6,940	0	593	741
25.3 Non-renewable for stated reasons only (b)	Ω	0	0	0	L0
25.4 Other accident only	Ω	0	0	0	L0
25.5 All other (b)	Ω	0	0	0	L0
25.6 Totals (sum of Lines 25.1 to 25.5)	6,940	6,940	0	593	741
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,940	6,940	0	593	741

indemnity only products

206.ND



DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2019

AIC Group Code 1295		<u>INSURANC</u>	<u> </u>	NAIC Company C	ode 80799	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	1,989	0	0	0	1,98	
Annuity considerations	0	0	0	0		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0	0	0	0		
5. Totals (Sum of Lines 1 to 4)	1,989	0	0	0	1,9	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	,				, , , , , , , , , , , , , , , , , , ,	
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0		
	0	0	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period		0	0			
6.4 Other	0	0	0	0		
	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	0	0	0	0		
7.2 Applied to provide paid-up annuities		0	0	0		
7.3 Other	0	0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0		
10. Matured endowments	0	0	0	0		
11. Annuity benefits	0	0	0	0		
12. Surrender values and withdrawals for life contracts	0	0	0	0		
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
	0	0	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS				\neg		
301						
302.						
303.						
398. Summary of remaining write-ins for Line 13 from overflow						
	0	0	0 J	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

			Cr	edit Life						
	0	rdinary	(Group a	and Individual)		Group		dustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED			No. of							
ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,	& Certiis.	Amount	Gr. Ceruis.	Amount	No. or Certiis.	Amount	& Certiis.	Amount	a Certiis.	Amount
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	L0	0	0
Settled during current										
vear:										
18.1 By payment in full	0	0	0	0	0	0	0	٥	0	0
18.2 By payment on										
compromised claims .	0	0	0	0	0	0	0	0	0	<u>0</u>
18.3 Totals paid	0	0	0	0	0	0		<u>0</u>	0	<u> </u> 0
18 4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	l	lU	0	0	0	0	٥	0	0
	0	0	0	0	0	0	0	۵	0	J0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)						
prior year	5	195,000	0	0	0	0	0	0	5	195,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	<u> </u> 0	0	0
23. In force December 31				(a)						
of current year	5	195,000	0	0	0	0	0	0	5	195,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
				Policyholder Dividends		
				Paid, Refunds to		
			Direct Premiums	Members or Credited		Direct Losses
		Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies	s (b)	0	0	0	0	0
24.1 Federal Emplo	i (b) byees Health Benefits Plan premium (b)	L0	0	J0	0	0
24.2 Credit (Group	and Individual)	<u></u> 0	L0	J0	0	<u> </u> 0
24.3 Collectively re	newable policies/certificates (b)	<u>l</u> 0	L0	0	0	0
24.4 Medicare Title	XVIII exempt from state taxes or fees	0	0	0	0	0
	Other Individual Policies:					
25.1 Non-cancelab	le (b)	٥	٥	0	0	0
25.2 Guaranteed re	enewable (b)	63,815	75,949	<u> </u> 0	23,692	27 , 477
25.3 Non-renewabl	e for stated reasons only (b)	0	0	<u> </u> 0	0	<u> </u> 0
25.4 Other accident	t only	L0	L0	<u> </u> 0	0	<u> </u> 0
25.5 All other (b)	Lines 25.1 to 25.5)	0	0	J0	0	<u> </u> 0
25.6 Totals (sum of	Lines 25.1 to 25.5)	63,815	75,949	J0	23,692	27 , 477
	24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	63,815	75,949	0	23,692	27,477

indemnity only products



DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	NAIC Company C	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	144	0	0	0	1
Annuity considerations	0	0	0	0	
Deposit-type contract funds	0	XXX	0	XXX	
Other considerations	0	0	0	0	
5. Totals (Sum of Lines 1 to 4)	144	0	0	0	1
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	
6.2 Applied to pay renewal premiums	0	0	0	0	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period		0	0	0	
6.4 Other	0	0	0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	
7.2 Applied to provide paid-up annuities	0	0	0	0	
7.3 Other	0	0	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
Death benefits	0	0	0	0	
10. Matured endowments		0	0	0	
11. Annuity benefits	14,300	0	0	0	14 , 3
12. Surrender values and withdrawals for life contracts	0	0	0	0	
13. Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health	0	0	0	0	
15. Totals	14,300	0	0	0	14,3
DETAILS OF WRITE-INS					
301					
302					
303					
398. Summary of remaining write-ins for Line 13 from overflow					
page		0	0	0	
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	C	Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	<u> </u> 0	0	0	0	0	0	<u> </u> 0	0	0
17. Incurred during current										
year	0	<u> </u> 0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	J0	0	0	0	0	0	J0	0	0
18.2 By payment on										
compromised claims.		J0	J0	0	0	0	0	J0	0	0
18.3 Totals paid	0	J0	 0	0	0	0	0	J0	J0	0
18.4 Reduction by										
compromise	0	J0	0	0	0	0	0	0	0	0
18.5 Amount rejected	l0	ļ0	0	0	0	0	0	ļ0	0	0
18.6 Total settlements	0	J0	 0	0	0	ļ0	0	J0	 0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-					_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	1	20,000	0	0	0	0	0	0	 1	20,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0] 0	0	0	0	L0	0	. 0	. 0	0
23. In force December 31				(a)						
of current year	1	20,000	0	0	0	0	0	0	1	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

			_		
	1	2	3	4	5
			Policyholder Dividends		
		l	Paid, Refunds to		l
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	۵	J0	J0	0	J0
24.1 Federal Employees Health Benefits Plan premium (b)	L0		J0	0	0
24.2 Credit (Group and Individual)	L0	0]0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	<u>0</u>	0	0	0	0
25.2 Guaranteed renewable (b)	4 , 405	5,233	0		(66)
25.3 Non-renewable for stated reasons only (b)		0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	L0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	4,405	5,233	0		(66)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,405	5,233	0	734	(66)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	NAIC Company Code 80799			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	0	0	0	0	
Annuity considerations	0	0	0	0	
Deposit-type contract funds	87	XXX	0	XXX	
Other considerations	0	L0 L	0	0	
5. Totals (Sum of Lines 1 to 4)	87	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	J0	L0 <u> </u>	0	0	
6.2 Applied to pay renewal premiums	ļ0	0			
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	J0	l0	0	0	
6.4 Other	0	L0 L	0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	
7.2 Applied to provide paid-up annuities	0	0	0	0	
7.3 Other		0	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)	L0	L0 L	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	L0 L	0	0	
10. Matured endowments	0	L0 L	0	0	
11. Annuity benefits	0	L0 L	0	0	
12. Surrender values and withdrawals for life contracts	0	0	0	0	
13. Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health	0	0	0	0	
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
301					
302					
303.					
398. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17 Incurred during current										
year	0	0	0	0	0	0	0	<u></u> 0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	J0	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	J0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	J0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	٥	0	0
18.6 Total settlements	0	0	0	0	0	J0	0	J0	0	٥
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year		15,000	0	0	0	l0	0	 0	. 1	15,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0	0	0	0	0	L0	0	J0	0	L0
23. In force December 31				(a)						
of current year	1	15,000	0	0	0	0	0	0	1	15,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

			_		
	1	2	3	4	5
			Policyholder Dividends		
		55 .	Paid, Refunds to		B:
	l	Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	٥	J0	J0	0	J
24.1 Federal Employees Health Benefits Plan premium (b)	<u>0</u>	0	J0	0	J0
24.2 Credit (Group and Individual)	0	0]0	0	J0
24.3 Collectively renewable policies/certificates (b)	<u> </u> 0	0	J0	0	L0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	O
Other Individual Policies:					
25.1 Non-cancelable (b)	٥	0	0	٥	L0
25.2 Guaranteed renewable (b)	<u></u> 0	0	J0	٥	L0
25.3 Non-renewable for stated reasons only (b)	0	0	J0	٥	<u> </u> 0
25.4 Other accident only	0	0	J0	٥	<u> </u> 0
25.5 All other (b)	٥	0	J0	0	<u> </u> 0
25.6 Totals (sum of Lines 25.1 to 25.5)	<u></u> 0	0	J0	0	<u> </u> 0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	NAIC Company C	NAIC Company Code 80799			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	. 0	0	0	0		
Annuity considerations	. 0	0	0	0		
Deposit-type contract funds	. 0	ХХХ	0	XXX		
Other considerations	. 0	0	0	0		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		ļ0 <u> </u>	0	0		
6.2 Applied to pay renewal premiums	. 0	0	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	. 0	ļ0 ļ	D			
6.4 Other	. 0	l0	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	. 0	L0 L.	0	0		
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0		
7.2 Applied to provide paid-up annuities		0	0	0		
7.3 Other		0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	. 0	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	. 0	ļ0 <u> </u>		0		
10. Matured endowments	. 0	l0	0	0		
11. Annuity benefits		L0 L.	0	0		
12. Surrender values and withdrawals for life contracts	. 0	L0 L.	0	0		
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	. 0	0	0	0		
14. All other benefits, except accident and health		0	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
302						
303						
398. Summary of remaining write-ins for Line 13 from overflow]				
page	0	J0 J	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	<u> </u> 0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	l0	0	0
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by			1							
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	L0	0	0	0	0	L0	0	 0	0	L0
21. Issued during year		0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)		0	J0	٥	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	٥	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	<u> </u> 0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)		0	0	٥	٥
25.2 Guaranteed renewable (b)		82,729	<u> </u> 0	55,200	56, 259
25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	L0	L0	0	0	L0
25.5 All other (b)	0	1 0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)		82,729	0	55,200	
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)			1 0	55 200	56 250



DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	0	0	0	0		
Annuity considerations	0	0	0	0		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0	L0 L	0	0		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		ļ0 <u> </u>	0	0		
6.2 Applied to pay renewal premiums	0	ļ0 ļ	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	0	ļ0 ļ	0	0		
6.4 Other	0	ļ0 ļ	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	0	0	0	0		
7.2 Applied to provide paid-up annuities	0	0	0	0		
7.3 Other		0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	0	ļ0 ļ	0	0		
10. Matured endowments	0	[0 [0	0		
11. Annuity benefits		ļ0 ļ	0	0		
12. Surrender values and withdrawals for life contracts	0	0	0	0		
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
14. All other benefits, except accident and health	0	L 0 L	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
302	.					
303						
398. Summary of remaining write-ins for Line 13 from overflow						
page	.]0	0	0 		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	<u> </u> 0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	l0	0	0
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by			1							
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	L0	0	0	0	0	L0	0	 0	0	L0
21. Issued during year		0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	J0	J0	0	
24.1 Federal Employees Health Benefits Plan premium (b)	<u>.</u> 0	J0	J0	0	0
24.2 Credit (Group and Individual)	0	J0	J0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	5,592	5,229	0	960	1,062
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0 l
25.4 Other accident only	0	0	0	0	0 l
25.5 All other (b)	<u>L</u> 0	<u> </u> 0	0	0	0 l
25.6 Totals (sum of Lines 25.1 to 25.5)	5,592	5,229	0	960	1,062
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,592	5,229	0	960	1,062

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2019

NAIC Group Code 1295	LIFE	INSURANC	NAIC Company Code 80799		
	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life insurance	0	0	0	0	0
Annuity considerations		0	0	0	0
Deposit-type contract funds	0	ХХХ	L0 L.	ХХХ	0
Other considerations	0	0 l	L	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	3				
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0 [0	0
6.2 Applied to pay renewal premiums		0 l	L0 L.	0	0
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	0 l	0	0	0
6.4 Other	[l0 i	l0 L.	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	l0 İ	0	0 L.	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0
7.3 Other		0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0 [0	0
DIRECT CLAIMS AND BENEFITS PAID		-			•
Death benefits	0	0	0	0	0
10. Matured endowments		0	0 [Õ l	0
11. Annuity benefits		0	0 [Õ l	0
12. Surrender values and withdrawals for life contracts		0	0	ñ l	0
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS	<u> </u>	Ů	, i		
1301					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow	,				
page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n	n l	n l	n I	 N
Total (Lines 1001 tillough 1000 + 1000) (Line 10 above)	0	0	0	<u> </u>	

	0	rdinary		redit Life and Individual)		Group	In	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31,	& Certiis.	Amount	Gr. Certiis.	Amount	No. or Certiis.	Amount	& Certiis.	Amount	& Certiis.	Amount
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	0	0	٥	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	٥	0	0
18.6 Total settlements	0	0	0	0	0	0	0	٥	0	Ω
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(2)	1 0110100				i	
prior year	1	100,000	0	(a)	0	0	0	0	1 1	100,000
21. Issued during year		0	0	0	0	0	0	0	0	
22. Other changes to in force									 	
(Net)	(1)	(100,000)	0	0	0	0	l0	0	[(1) [(100,000
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
) Includes Individual Credit L	ife Insurance	e: prior year \$		cu	rrent year \$				·	
Includes Group Credit Life							cur	rent year \$		
Loans greater than 60 mon								year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	Ω
24.1 Federal Employees Health Benefits Plan premium (b)(b)	ĻU	J	J0	0	
24.2 Credit (Group and Individual)	0	0	J0	0	L0
24.3 Collectively renewable policies/certificates (b)	<u></u> 0	0	J0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.1 Non-caricelable (b)	50,659	71,368	0	82,756	68,994
25.3 Non-renewable for stated reasons only (b)	0	0	J0	٥	L
25.4 Other accident only	0	0	J0	٥	L
25.5 All other (b)	<u>l</u> 0	0	0	0	0 İ
25.6 Totals (sum of Lines 25.1 to 25.5)	50,659	71,368	0	82,756	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,659	71,368	0	82,756	68,994

indemnity only products



DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2019

AIC Group Code 1295	LIFE INSURANCE NAIC Company C								
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5				
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total				
Life insurance	308	0	0	0	30				
Annuity considerations	0	0	0	0					
Deposit-type contract funds	L0	XXX	0	XXX					
Other considerations	0	0	0	0					
5. Totals (Sum of Lines 1 to 4)	308	0	0	0	3				
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1 Paid in cash or left on deposit	0	0	0	0					
6.2 Applied to pay renewal premiums	0	0	0	0					
6.3 Applied to provide paid-up additions or shorten the									
endowment or premium paying period	0	0 	0	0					
6.4 Other	0	0	0	0					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0					
Annuities:		<u> </u>							
7.1 Paid in cash or left on deposit	0	0	0	0					
7.2 Applied to provide paid-up annuities	0	0	0	0					
7.3 Other		0	0	0					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L 0 	0	0					
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0					
DIRECT CLAIMS AND BENEFITS PAID									
Death benefits	0	0	0	0					
10. Matured endowments	0	0	0	0					
11. Annuity benefits	0	0	0	0					
12. Surrender values and withdrawals for life contracts	0	0	0	0					
Aggregate write-ins for miscellaneous direct claims and									
benefits paid	0	0	0	0					
14. All other benefits, except accident and health	0	0	0	0					
15. Totals	0	0	0	0					
DETAILS OF WRITE-INS									
301									
302.									
303.									
398. Summary of remaining write-ins for Line 13 from overflow									
page	0	0	0	0					
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0					

	C	Ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	<u> </u> 0	0	0	0	0	0	<u></u> 0	0	0
17. Incurred during current										
year	0	<u> </u> 0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	J0	0	0	0	0	0	J0	0	0
18.2 By payment on										
compromised claims.		J0	J0	0	0	0	0	J0	0	0
18.3 Totals paid	0	J0	 0	0	0	0	0	J0	0	0
18.4 Reduction by										
compromise	0	J0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	J0	J0	0	0	ļ0	0	J0	0	0
18.6 Total settlements	0	J0	 0	0	0	ļ0	0	J0	J0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	1	5,000	0	0	0	0	0	0	1	5,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0] 0	0	0	0	L0	0	. 0	0	0
23. In force December 31				(a)						
of current year	1	5,000	0	0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$.

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINS	UNANCE		
	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	J0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.1 Non-cancelable (b)		50,591	L0	28 , 171	30,712
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	1 0	0	0	0
25.5 All other (b)	0	0	0	0	l0
25.5 All other (b)		50,591	0	28 , 171	30,712
26 Totals (Lipps 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15 225	50 501	1	28 171	30 712

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)
45,225
50,591
0
28,171
30,71
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2019

	1011100000				DUNING THE I	27111 20.0
NAIC G	Group Code 1295	LIFE	INSURANC	NAIC Company Code 80799		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	3,896	0	0		3,896
	Annuity considerations	0	[0	0	0	(
	= -p	0	XXX	0	XXX	
	Other considerations	0	0	0		
	Totals (Sum of Lines 1 to 4)	3,896	0	0	0	3,896
DIRE	ECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit	0	0	0	0	(
	6.2 Applied to pay renewal premiums	0	0	0		
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period	0	0	0	0	
	6.4 Other	0	0			(
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0		0	(
	Annuities:					
	7.1 Paid in cash or left on deposit	0	D	0 <u> </u>	0	(
	7.2 Applied to provide paid-up annuities	0	0	0	0	(
	7.3 Other	0	0	0	0	(
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	l0	0	0 L	(
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0	0	0	0 L	
	Matured endowments		0	0	0 l	
	Annuity benefits	0	0	0	0 [
		0	0	0	0 [
	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0 [(
14.	All other benefits, except accident and health	0	0	0	0	(
	Totals	0	0	0	0	
	DETAILS OF WRITE-INS		,		,	
1301.	DETAILS OF WAITE INC					
1302						
1303.						
	Summary of remaining write-ins for Line 13 from overflow					
	page	0	L 0 l	0	0	
1399	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0 1	ñ l	0 [
	1000 (Line 10 db0vc)	Ŭ	·	Ů	<u> </u>	

	C	ordinary		edit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31,	0		_	0	0	_	0	_		ا م
prior year 17. Incurred during current year		0	0	0	0	0	0	0	0	0
Settled during current year:				-						
18.1 By payment in full 18.2 By payment on		L0	0	0	0	0	0	0	0	0
compromised claims . 18.3 Totals paid	0 0	0	0	0 0	0	0	0	0 0	0	0 0
18.4 Reduction by compromise	0			0	0	0	0	0	0	0
18.5 Amount rejected 18.6 Total settlements	0	J	0 0	0 0	0	0	0	0	0	0 0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	No. of	0	0	0	0	0
POLICY EXHIBIT					Policies					
20. In force December 31, prior year	8	780 , 456	0	(a) 0	0	0	0	0	8	780 , 456
21. Issued during year	[0 [[0 	0	0	0	0	0]0	0	0
(Net)	(3)	(550,439)	0	0	0	l0	0	J0	(3)	(550,439)
of current year	5	230,017	0	(a) 0	0	0	0	0	5	230,017

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ lncludes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	Ω
24.1 Federal Employees Health Benefits Plan premium (b)	L		J0	0	
24.2 Credit (Group and Individual)	0	0	J0	0	L0
24.3 Collectively renewable policies/certificates (b)	<u></u> 0	0	J0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	14,725	14,725	0	2,374	2,267
25.3 Non-renewable for stated reasons only (b)	0	0	J0	٥	
25.4 Other accident only	0	0	J0	٥	L
25.5 All other (b)	<u> </u>	0	0	0	0 İ
25.6 Totals (sum of Lines 25.1 to 25.5)	14,725	14,725	0	2,374	2,267
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,725	14,725	0	2,374	2,267

indemnity only products



DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	pany Code 80799	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	5,299	0	0	0	5 , 29	
Annuity considerations	0	0	0	0		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0	0	0	0		
5. Totals (Sum of Lines 1 to 4)	5,299	0	0	0	5,2	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0		
6.2 Applied to pay renewal premiums	0	0	0	Q		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	0		0	0		
6.4 Other	0	0	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit	0	0	0	0		
7.2 Applied to provide paid-up annuities		0	0	0		
7.3 Other		0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	Q 		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits			0	Q 		
10. Matured endowments		0	0	0		
11. Annuity benefits	35,000	0	0	0	35 , C	
12. Surrender values and withdrawals for life contracts	0	0	0	0		
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
14. All other benefits, except accident and health	0	0	0	0		
15. Totals	35,000	0	0	0	35,0	
DETAILS OF WRITE-INS						
301						
302						
303						
398. Summary of remaining write-ins for Line 13 from overflow						
page		0	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	l0	0	0
18.2 By payment on										
compromised claims	0	٥	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by									1	
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	٥	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current									1	
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,]			(a)						
prior year	9	614,000	0	0	0	l0	0	0	9	614,000
21. Issued during year	l0	0	0	0	0	L0	0	0	0	0
22. Other changes to in force										
(Net)	(4)	(460,000)	0	0	0	0	0	0	(4)	(460,000)
23. In force December 31				(a)						, ,
of current year	5	154,000	0	0	0	0	0	0	5	154,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	L0	J0	J0	0	J0
24.1 Federal Employees Health Benefits Plan premium (b)	0	J0	0	0	J0
24.2 Credit (Group and Individual)	0	J0	J0	0	J0
24.3 Collectively renewable policies/certificates (b)	0	J0	J0	0	J0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u>0</u>	0	0	J0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	٥	0	0	0
25.2 Guaranteed renewable (b)	175 541	l 204 400	<u> </u> 0	90,372	87 , 941
25.3 Non-renewable for stated reasons only (b)	0	J0	J0	0	J0
25.4 Other accident only	0	0	<u></u> 0	0	J0
25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)	1,673,479,761		J0	670, 256, 870	671,393,332
25.6 Totals (sum of Lines 25.1 to 25.5)	1,673,655,302	1,673,655,302	J0	670,347,243	671,481,273
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,673,655,302	0	670,347,243	671,481,273



DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2019

IAIC Group Code 1295	LIFE INSURANCE NAIC Company Code 80799								
	1	2	3	4	5				
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total				
Life insurance	0	0	0	0					
Annuity considerations	0	0	0	0 L					
Deposit-type contract funds	0	XXX	0	XXX					
Other considerations	0	0	0	0					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0					
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1 Paid in cash or left on deposit		ļ0 ļ	0	0					
6.2 Applied to pay renewal premiums	0	[0 [0	0					
6.3 Applied to provide paid-up additions or shorten the									
endowment or premium paying period	0	ļ0 ļ	0	0					
6.4 Other	0	ļ0 ļ	0	0					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0					
Annuities:									
7.1 Paid in cash or left on deposit	0	L0 L	0	0					
7.2 Applied to provide paid-up annuities	0	L0 L	0	0					
7.3 Other	0	L 0 L	0	0					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0					
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0					
DIRECT CLAIMS AND BENEFITS PAID									
9. Death benefits	0	0	0	0					
10. Matured endowments	0	ļ0 ļ	0	0					
11. Annuity benefits	0	ļ0 ļ	0	0					
	0	0	0	0					
Aggregate write-ins for miscellaneous direct claims and									
benefits paid	0	0	0	0					
14. All other benefits, except accident and health	0	0	0	0					
15. Totals	0	0	0	0					
DETAILS OF WRITE-INS									
301.									
302.									
303.									
398. Summary of remaining write-ins for Line 13 from overflow									
page	0	J0	0	0					
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0					

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	<u> </u> 0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	l0	0	0
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by			1							
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	L0	0	0	0	0	L0	0	 0	0	L0
21. Issued during year		0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2] 3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
1 24 1 Endoral Employees Health Panofite Plan promium (h)	1 (1	I ()	0	0	
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	<u></u>	L U	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u>0</u>	J0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	٥	0	0	0
25.2 Guaranteed renewable (b)	9,878	9,858	0	19 , 138	18,914
25.3 Non-renewable for stated reasons only (b)	0	0	0	٥	
25.4 Other accident only	0	0	0	٥	
25.5 All other (b)	0	0	0	0	0 İ
25.6 Totals (sum of Lines 25.1 to 25.5)	9,878	9,858	J0	19 , 138	18,914
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,878	9,858	0	19,138	18,914

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _________ and number of persons insured under indemnity only products _______2



DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2019

				DONING THE	12/11 2010		
NAIC Group Code 1295	LIFE	INSURANC	CE	NAIC Company	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance	0]0	0	0	0		
Annuity considerations		J0	0	0	0		
Deposit-type contract funds		XXX	0	XXX	0		
Other considerations	0	0	0	0	0		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	6						
Life insurance:							
6.1 Paid in cash or left on deposit		J0	0	0	0		
6.2 Applied to pay renewal premiums	0	J0	0	0	0		
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period	0	0	0	0	0		
6.4 Other		0	٥	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0		
Annuities:							
7.1 Paid in cash or left on deposit	0	0	0	0	0		
7.2 Applied to provide paid-up annuities	0	0	0	0	0		
7.3 Other	0	0	0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	L0	l0	0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID			-	-	-		
Death benefits	0	0	0	0	0		
10. Matured endowments		ĺ 0	0	0	0		
11. Annuity benefits		ĺ Ő	0	0	0		
12. Surrender values and withdrawals for life contracts		n n	n n	0	0		
Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0	0	0		
14. All other benefits, except accident and health	0	0	0	0	0		
15. Totals	0	n	n	0	 N		
DETAILS OF WRITE-INS		0	0	0			
1301							
1302.							
1303	;						
page	′	n	n		n		
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)		J			 0		
1399. Total (Lines 1301 tillough 1303 + 1396) (Line 13 above)	1 0	<u> </u>	U	0	0		

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	<u> </u> 0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	l0	0	0
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by			1							
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	L0	0	0	0	0	L0	0	 0	0	L0
21. Issued during year		0	0	0	0	0	0	0	0	L0
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	0	0	L0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2] 3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
1 24 1 Endoral Employees Health Panofite Plan promium (h)	1 (1	I ()	0	0	
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	<u></u>	J0	J0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u>0</u>	J0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	18,383	18,923	0	9,507	8,856
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	
25.5 All other (b)	0	0	0	0	0 İ
25.5 All other (b)	18,383	18,923	J0	9,507	8,856
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,383	18,923	0	9,507	8,856

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2019

	Vilginia		_	_	DOKING THE	12/11/ 2010
NAIC (Group Code 1295	LIFE	INSURANC	CE	NAIC Compan	y Code 80799
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance	6,613	0	0	0	6,613
	Annuity considerations	0	0	0	L0	0
	Deposit-type contract funds	0	XXX	0	XXX	ļ0
	Other considerations	0	0	0	LQ	ļ0
	Totals (Sum of Lines 1 to 4)	6,613	0	0	0	6,613
DIR	ECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS Life insurance:					
	6.1 Paid in cash or left on deposit	0	0	0	0	0
	6.2 Applied to pay renewal premiums		0	0	0	0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
	6.4 Other	0	0	0	0	0
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit	0	0	0	0	0
İ	7.2 Applied to provide paid-up annuities	0	0	0	0	0
	7.3 Other	0	0	0	0	0
	7.4 Totals (sum of Lines 7.1 to 7.3)	0 l	0	0	0	L0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0 l	0	0	0	0
10.	Matured endowments	0	0	0	0	0
11.	Annuity benefits	0	0	0	0	0
12.	Surrender values and withdrawals for life contracts	0	0	0	0	0
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	0	0	0	0	L
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						
1302.						
1398.	Summary of remaining write-ins for Line 13 from overflow					
	page	0	0	0	0	L
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	(

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid 18.4 Reduction by		0	0	0	0	0	0	0	0	0
compromise	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11	970,000	0	(a) 0	0	0	0	0	11	970,000
21. Issued during year	0	0	0	0	0	0	0	J0	0	[0
(Net)23. In force December 31	(3)	(310,000)	0	0	0	0	0	J0	(3)	(310,000)
of current year	8	660,000	0	0	0	0	0	0	8	660,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Delieuhelder Dividende	4	5
			Policyholder Dividends Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	<u></u> 0	0	0
24.2 Credit (Group and Individual)	<u> </u> 0	L0	J0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	J0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.1 Non-cancerable (b)	74,062	74, 102	<u> </u> 0	54 , 475	53,033
25.3 Non-renewable for stated reasons only (b)	0	0	J0	0	0
25.4 Other accident only	0	0	J0	0	0
25.5 All other (b).	L0	L0	J0	0	J0
25.6 Totals (sum of Lines 25.1 to 25.5)		74 , 102	J0	54 , 475	53,033
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	74,062	74,102	0	54,475	53,033

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Washington

indemnity only products

DURING THE YEAR 2019

IC Group Code 1295		INSURANC	3	NAIC Company C	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	5 Total
Life insurance	0	0	0	0	
	0	0	0	0	
	0	XXX	0 L	XXX	
4. Other considerations	0	0	0 [0	
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	-				
Life insurance:					
6.1 Paid in cash or left on deposit	0	L0 L	0	0	
	0	0	0	0	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	L0 L	0	0	
6.4 Other	0		0	0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	L0 L	0	0	
7.2 Applied to provide paid-up annuities	0	L0 L	0	0	
7.3 Other		L0 L	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	D	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	L0 L	0	D	
10. Matured endowments	0	0 	0	D 	
11. Annuity benefits	0	0 	0	D 	
	0	L0 L	0	0	
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	L0	0	0	
14. All other benefits, except accident and health	0	0	0	0	
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
01					
02					
03					
98. Summary of remaining write-ins for Line 13 from overflow					
page	0		0	0	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

DIRECT DEATH BENEFITS AND MATURED	1 1	rdinary		and Individual)		Group	l In	dustrial		Total
	.	2	3 No. of	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
6. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	
7. Incurred during current		0	_			2				
year	0	0	0	0	0	0	0	0	0	
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	
18.2 By payment on										
compromised claims	0	0	0	0	0	0	0	0	0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	
18.4 Reduction by		•								
compromise	0	0	0	0	0	0	0	J0	0	
18.5 Amount rejected	0	0	0	0	0	0	0	L	ļ0	
18.6 Total settlements	0	0	0	0	0	D	0	ļ	0	
9. Unpaid Dec. 31, current										
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	١	0	
18.0)	- 0		0	0	No. of	0	0	0	0	
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	0	0	0	0	
21. Issued during year	0	0	0	0	0	0	0	L0	0	
22. Other changes to in force										
(Net)	0	0	0	0	0	0	0	ļ0	J0	
23. In force December 31		_	_	(a)		_			_	
of current year	0	0	0	0	0	0	0	0	0	
) Includes Individual Credit Lit				cu						
Includes Group Credit Life In Loans greater than 60 mont								rent year \$: year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)			0	0	0
24.3 Collectively renewable policies/certificates (b)		0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	<u> </u>	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)		0	0	0	0
25.3 Non-renewable for stated reasons only (b)			0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	J0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)			0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0
(b) For health business on indicated lines report: Number of personal	sons insured under PPO	nanaged care produ	cts	0 and number of per	sons insured under

206.WA



DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2019

THE STATE OF WEST VIIGHIIA				DURING THE TE	AN 2013
IAIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1. Life insurance	0	<u>0</u>	<u>0</u>	0	
	0	0	0	0	
Deposit-type contract funds	0	XXX	0	XXX	
Other considerations	0	ļ0 <u>ļ</u>	0	0	
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	(
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:		_			
6.1 Paid in cash or left on deposit		J0 J		0	
6.2 Applied to pay renewal premiums	0		0	0	
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period	0	ļ0 <u> </u>	0	0	
6.4 Other	0	L0 L		0	
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0	
Annuities:					
7.1 Paid in cash or left on deposit	0	L0 L	0	0	
7.2 Applied to provide paid-up annuities	0	L0 L	0	0	
7.3 Other	0	L0 L	0	0	
7.4 Totals (sum of Lines 7.1 to 7.3)		L0 L	0 L	0 L	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID	-	·			
Death benefits	0	0	0	0	
10. Matured endowments	0	0	0	0	
11. Annuity benefits	0	0	0	0	
12. Surrender values and withdrawals for life contracts	0	0	0	0	
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health	0	0	0	0	
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS	0	· ·		•	
301.					
302.		····			
303.					
398. Summary of remaining write-ins for Line 13 from overflow	Λ	_	0	_	
page	U	⁰		h	
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	U	0	0 1	U	

	C	ordinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full	0	n	n	n	0	0	0	n	0	٥
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid 18.4 Reduction by	[0 [0	0	0	0	0	0	0	0	0
compromise	0	0	0	0	0	0	0	0	0	0 0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	No. of	0	0	0	0	0
POLICY EXHIBIT					Policies					
20. In force December 31, prior year	0	l0	0	(a) 0	0	l0	0	0	0	0
21. Issued during year		L0	l0	0	0	0	0	[0	0	0
(Net)23. In force December 31		[0 	0	(a)	0	0	0	0	0	0
of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$
current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINS	JRANCE		
	1	2	33	4	5
			Policyholder Dividends		
		Direct Premiums	Paid, Refunds to Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	L 0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)		19,140	<u> </u> 0	11,522	11,659
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	<u></u> 0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)		19,140	0	11,522	11,659
26 Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)			1 0	11 522	11 659

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 12,666 | 19,140 | 0 | 11,522 | 11,655 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under persons insured und indemnity only products



DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2019

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance	2,043	0	0	0	2,04		
Annuity considerations	0	0	0	0			
Deposit-type contract funds	ļ0 l	XXX	0	XXX			
4. Other considerations	ļ0		0	0			
5. Totals (Sum of Lines 1 to 4)	2,043	0	0	0	2,0		
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS							
Life insurance:							
6.1 Paid in cash or left on deposit		0	0	0			
6.2 Applied to pay renewal premiums	J0		0	0			
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period		0	0				
6.4 Other	J		0	0			
6.5 Totals (sum of Lines 6.1 to 6.4)	J	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit	J0	<u>0</u>	0	0			
7.2 Applied to provide paid-up annuities		0	0	0			
7.3 Other		0	0	0			
7.4 Totals (sum of Lines 7.1 to 7.3)	J		0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID		0					
9. Death benefits		<u>.</u>	U	U			
10. Matured endowments		<u>.</u>	<u>0</u>	U			
11. Annuity benefits		<u>.</u>	<u>0</u>	U			
12. Surrender values and withdrawals for life contracts	0	J	U	U			
13. Aggregate write-ins for miscellaneous direct claims and	0	0	0	0			
benefits paid	0		N				
15. Totals	h						
DETAILS OF WRITE-INS	0	0	0				
301							
302.							
303.							
398. Summary of remaining write-ins for Line 13 from overflow							
page	n	n l	n l	n l			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n l	n I	n	n			
- 10tal (Ellies 1001 tillough 1000 - 1000) (Ellie 10 above)		0		•			

	0	rdinary		edit Life and Individual)		Group	In	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current					İ					
year	0	0	0	0	0	0	0	0	0	0
Settled during current					İ			İ		
year:										
18.1 By payment in full	0	L0	0	0	0	l0	0	 0	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	L0	٥	0	0	0	٥	0	0	0	0
18.6 Total settlements	0	٥	0	0	0	٥	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	3	140,000	0	0	0	٥	0	0	3	140,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
I 22. Other changes to in force										
(Net)	0	0	0	0	0	J0	0	J0	0	0
23. In force December 31				(a)						
of current year	3	140,000	0	0	0	0	0	0	3	140,000
(a) Includes Individual Credit L	ife Insurance	e: prior year \$		cu	rrent vear \$					

Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Policyholder Dividends		
			Paid, Refunds to		
		Direct Premiums	Members or Credited		Direct Losses
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred
24. Group policies (b).	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	<u> </u> 0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	J0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0]0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)		0]0	0	J0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0]0	0	<u> </u> 0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2019

NAIC (Group Code 1295	LIFE	INSURANC	NAIC Company Code 80799		
		1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	2,899	0	0	0	2,899
2.	Annuity considerations	0	0	0 L	0 L	0
	Deposit-type contract funds	0	XXX	0	XXX	0
	Other considerations	0	0	0 L	0	0
5.	Totals (Sum of Lines 1 to 4)	2,899	0	0	0	2,899
	ECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS	,				,
	Life insurance:					
	6.1 Paid in cash or left on deposit	0	0	0	0	0
	6.2 Applied to pay renewal premiums	0	0	0	0	0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period	0	0	0	0	0
İ	6.4 Other	0	0	0	0	0
İ	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit	0	0	0	0 L	0
	7.2 Applied to provide paid-up annuities		0	0	0 L	0
	7.3 Other	0	0	0 L	0 L	0
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0 L	0 L	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0	0	0	0 L	0
	Matured endowments	0	0	0	0	0
		0		Ō [0
		0	0 [0 [0	0
	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0 L	0 L	0
14.	All other benefits, except accident and health	0	0	0	0	0
	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS	-				
1301	DETAILS OF WATE INC					
1303.						
	Summary of remaining write-ins for Line 13 from overflow					
	page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	ő l	ől	0	0
	1000 (Line 10 above)	0	<u> </u>	<u> </u>	<u> </u>	

	0	rdinary		redit Life and Individual)		Group	Ir	ndustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	l0	0	0	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	ļ0	0	J0	0	0
18.3 Totals paid	0	0	0	0	0	ļ0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	l0	0	. 0	0	L0
19. Unpaid Dec. 31, current										
year (Lines 16+17-									l .	
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year		400,000	0	0	0	l0	0	0	4	400,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	ļ(1)	(150,000)	0	0	0	L0	0	. 0	[(1)	(150,000)
23. In force December 31				(a)						
of current year	3	250,000	0	0	0	0	0	0	3	250,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Policyholder Dividends Paid, Refunds to	4	5
	Direct Premiums	Direct Premiums Earned	Members or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)				0	mounted
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	
24. Group policies (b)	0	0	0	0	
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	
25.1 Non-cancelable (b)	0	0	0	0	
25.1 Non-cancelable (b)		(3,705)	0	674	6
5.3 Non-renewable for stated reasons only (b)	0	0	0	0	
25.4 Other accident only	0	0	0	0	
25.5 All other (b)	0	0	0	0	
25.5 All other (b). 25.6 Totals (sum of Lines 25.1 to 25.5)	5,017	(3,705)	0	674	6
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,017	(3,705)	0	674	(
(b) For health business on indicated lines report: Number of per indemnity only products1	sons insured under PPC) managed care produ	cts	and number of per	sons insured unde



DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2019

1 Ordinary 67,378 0 87	2 Credit Life (Group and Individual)	3 Group	4	5
	and Individual)	Group		
0	0		Industrial	Total
0		0	0	67 , 37
87 I	0	0	0	
	XXX	0 	XXX	
0	0	0 	0	
67,465	0	0	0	67,46
0	0	0	0	
0	0	0 	0	
0	0	0	0	
0	0	0	D 	
0	0	0	0	
0	0	0	0	
0	0	0	0	
	0	0	0	
0	0	0	0 L	
0	0	0	0	
0 l	0	0	0 L	
0 İ	0	0	0 L	
	0	0	0	342.9
0	0	0	0	, .
0	0	0	0	
0	0	0	0	
342.925	0	0	0	342,9
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n l	n l	n l	n I	
n l	n I	n I	ñ	
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 67,465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 342,925 0 0 0 0 0 0 0 342,925 0 0 0 0 0 0 0 342,925 0 0 0	0 0

	0	rdinary		redit Life and Individual)		Group	In	dustrial		Total
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0 <u> </u>	0
17. Incurred during current										
year	0	0	0	0	0	0]0	0	0	0
Settled during current										
year:				_						
18.1 By payment in full	0	0	0	0	0	J0	0	J0	0	0
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected		0	0	0	0	0	0	۵	0	0
18.6 Total settlements	0	0	0	0	0	0	0	L0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	400	0 407 450		(a)				_	400	0 407 450
prior year	122		0	0	0	J	0	ļ	122	6,487,456
21. Issued during year	ļ0	0	0	J0	J0	ļ	ļ0	ļ0	⁰	0
22. Other changes to in force	(24)	(2 402 420)		^	_			_	(24)	(2 402 420)
(Net)	(24)	[(∠,403,439)	J0		0	ļU	J0	J	(24) -	(2,403,439)
23. In force December 31	98	1 001 017	0	(a) 0	0	_	0	_	98	1 001 017
of current year		4,084,017	-			1 0		<u> </u>	98	4,084,017
(a) Includes Individual Credit L										0
Includes Group Credit Life								rent year \$.U
Loans greater than 60 mon	iths at issue	BUT NOT GREA	IER IHAN 1	20 MONTHS, pric	oryear \$		ມ curren t	year \$	0	

ACCIDENT AND HEALTH INSURANCE

7,000,001,7,11,001,001,01,100											
	1	2	3	4	5						
			Policyholder Dividends								
			Paid, Refunds to								
		Direct Premiums	Members or Credited		Direct Losses						
	Direct Premiums	Earned	On Direct Business	Direct Losses Paid	Incurred						
Group policies (b)	L0	J0	0	0	0						
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0						
24.2 Credit (Group and Individual)	10	L 0	0	0	0						
24.3 Collectively renewable policies/certificates (b)	<u> </u>	L0	0	0	0						
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	L0						
Other Individual Policies:											
25.1 Non-cancelable (b)	<u></u>	0	Ω	0	l0						
25.1 Non-cancelable (b)	6,044,495	7,305,327	0	5,301,171	5 , 317 , 387						
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0 l						
25.4 Other accident only	0	0	0	0							
25.4 Other accident only	6,145,758,885	6, 145, 045, 505	0	2,461,946,520	2,466,120,903						
25.6 Totals (sum of Lines 25.1 to 25.5)	L6, 151,803,380	L6, 152, 350, 832	0	2,467,247,690	2,471,438,290						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,151,803,380	6,152,350,832	0								

(b) For health business on indicated lines report. Number of persons insured under PPO managed care products......1,025,013 and number of persons insured under indemnity only products1,459